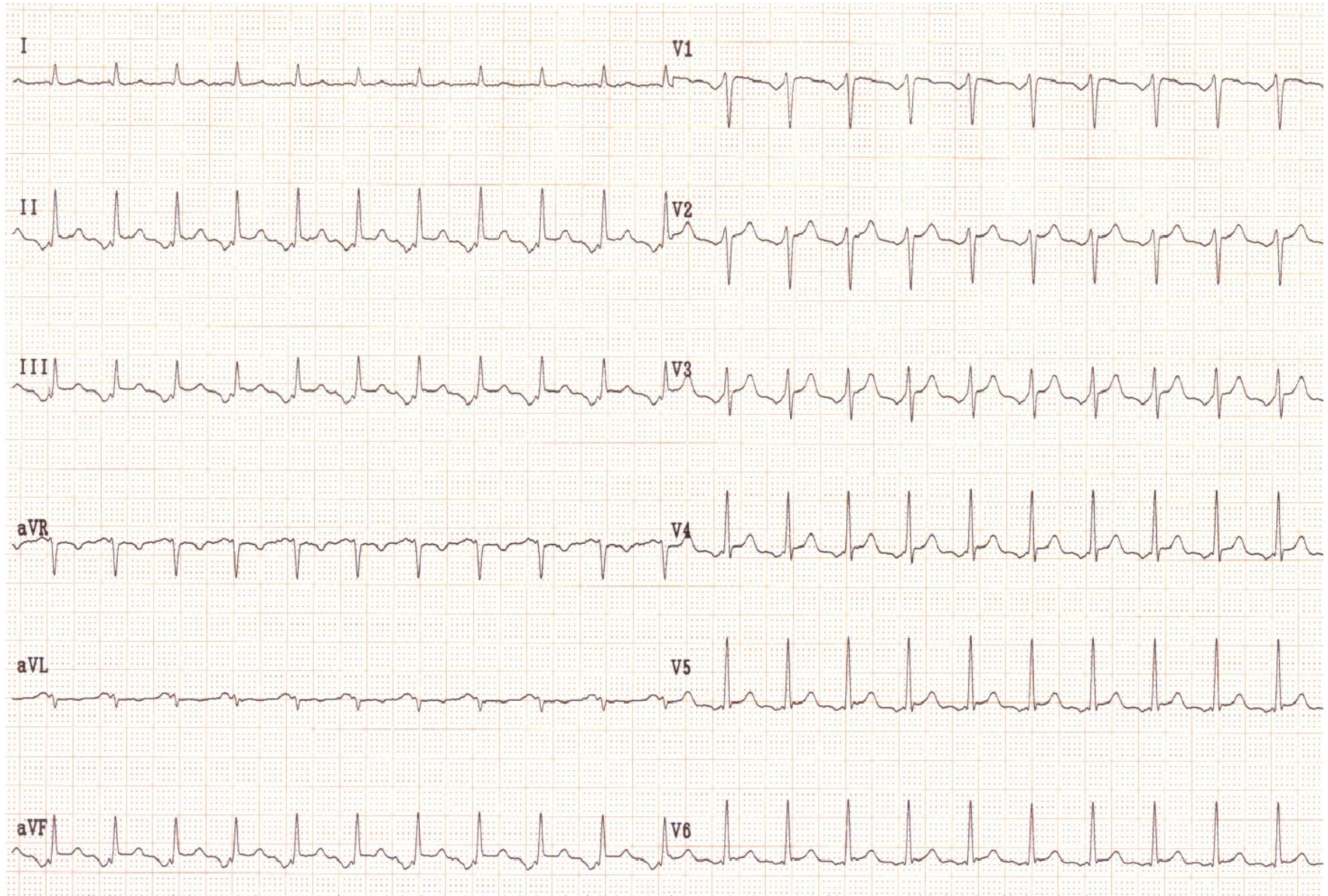


- Atrial tachycardia



- Three or more consecutive ectopic atrial beats with *non-sinus P waves* at an atrial rate of 100–240 BPM
- QRS complex follows each P wave unless 2° or 3° AV block is present.

Atrial tachycardia with block may be confused with atrial flutter; atrial tachycardia with block has a distinct isoelectric baseline between P waves, atrial flutter does not (except occasionally in lead V1), and atrial flutter has a faster atrial rate (240–340 BPM).

Atrial tachycardia with block may be secondary to digitalis toxicity and/or heart disease, but can occur in individuals with an otherwise normal heart. Non-sustained form is common in normals; the sustained form is more common in heart disease.

- QRS morphology is usually narrow and resembles QRS morphology during sinus rhythm, but can be wide (if underlying bundle branch block or aberrancy)

Automatic atrial tachycardia and intra-atrial reentrant tachycardia account for 10% of SVTs. Carotid sinus massage does not usually terminate atrial tachycardia the way it typically terminates SVT from AV nodal re-entry tachycardias.