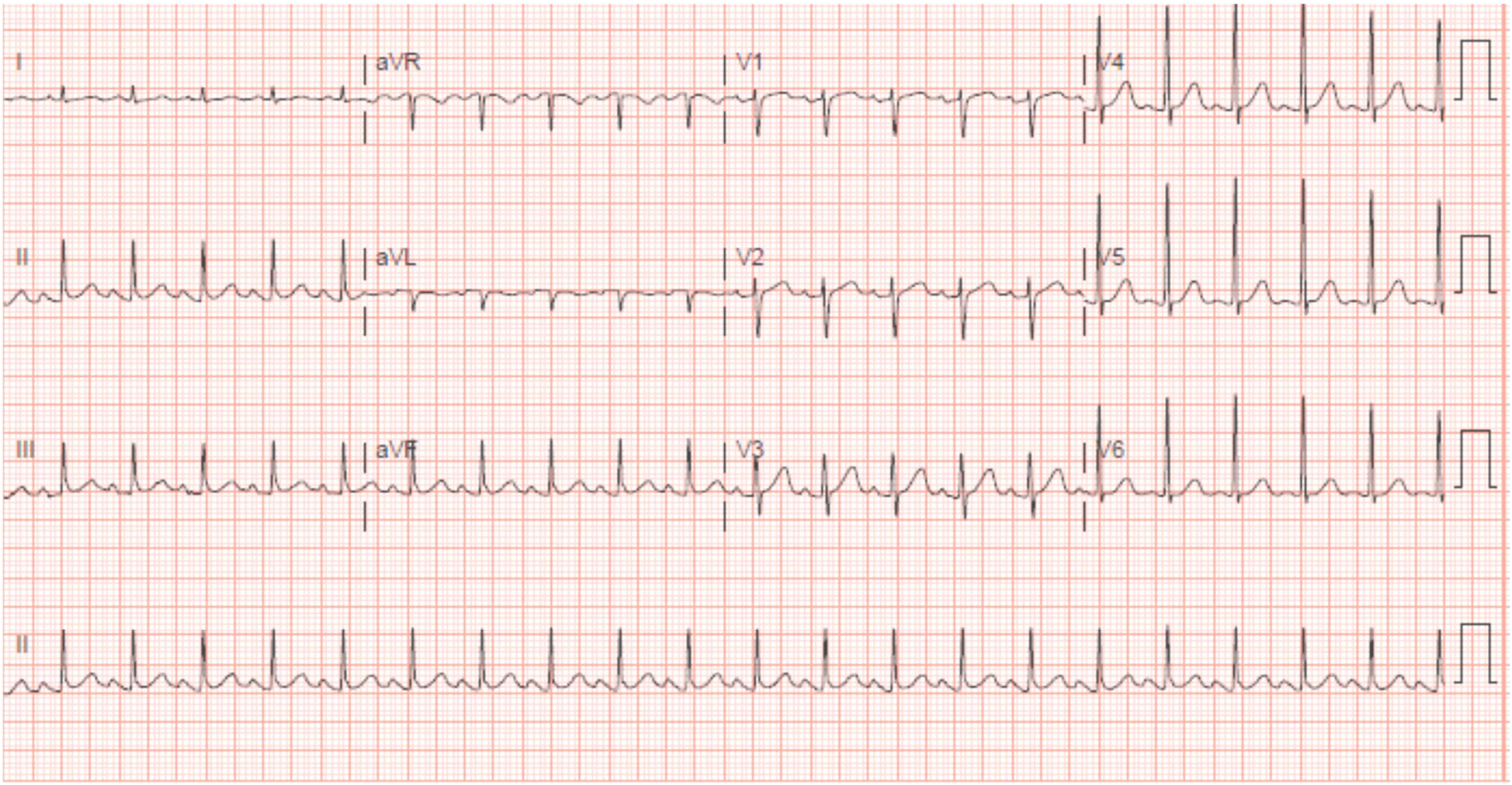
• Sinus tachycardia



- Normal P wave axis and morphology
- Rate > 100 BPM

P wave amplitude often increases and PR interval often shortens with increasing heart rate (e.g., during exercise).

Sinus tachycardia with frequent APCs is distinguished from AFIB by the presence of a distinct P wave morphology and an isoelectric baseline, and from MAT by the presence of a dominant sinus P wave.
Sinus node reentrant tachycardia (SNRT) is caused by a reentry loop within the sinus node, and is indistinguishable from sinus tachycardia on the ECG, except that onset and termination of SNRT are sudden.

Causes of sinus tachycardia include:

- Physiologic response to exercise or stress (anxiety, pain, fever, hypovolemia, hypotension, anemia)
- Thyrotoxicosis
- Myocardial ischemia/infarction
- Heart failure
- Myocarditis
- Pulmonary embolism
- Normal in children