

Figura 1. ECG del caso clínico

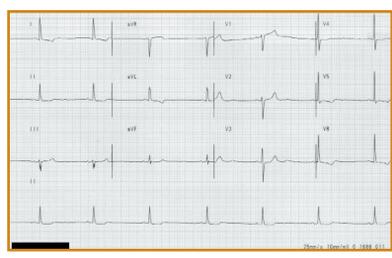


Figura 2. Bradicardia sinusal

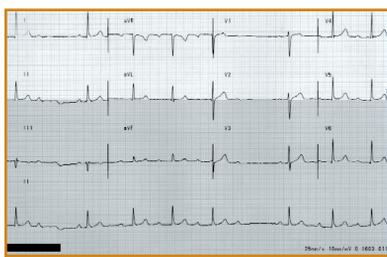


Figura 3. Bloqueo aurículo-ventricular

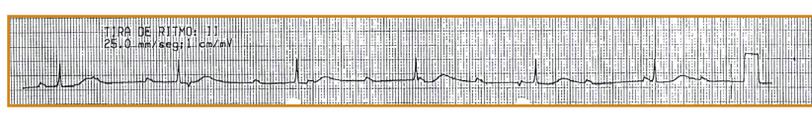


Figura 4. Bradicardia

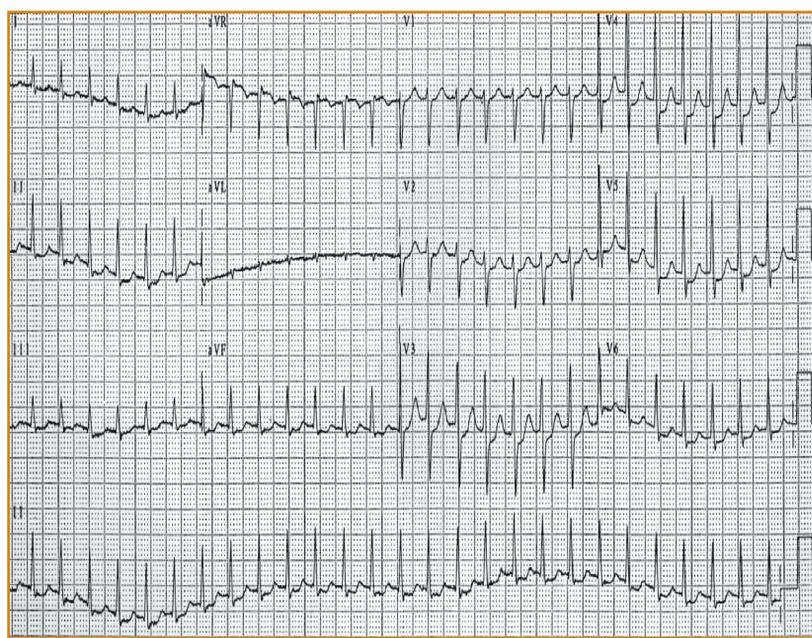


Figura 5. ECG del caso clínico



Figura 6. Extrasístole supraventricular

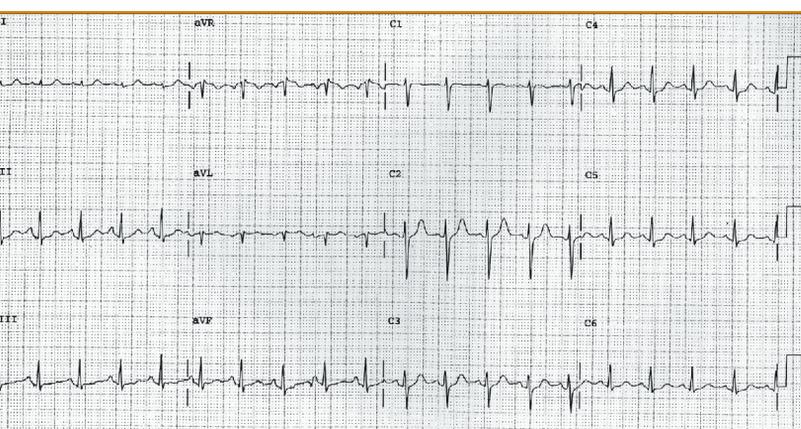


Figura 7. Taquicardia sinusal

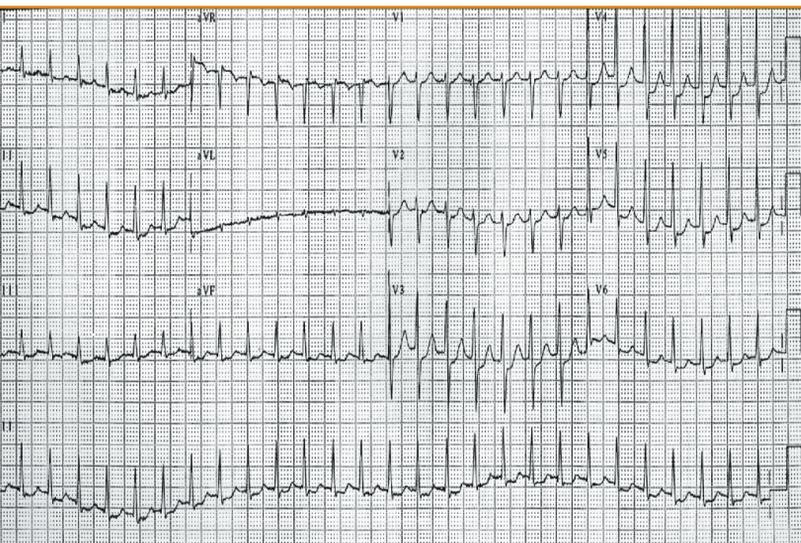


Figura 8. Taquicardia auricular paroxística

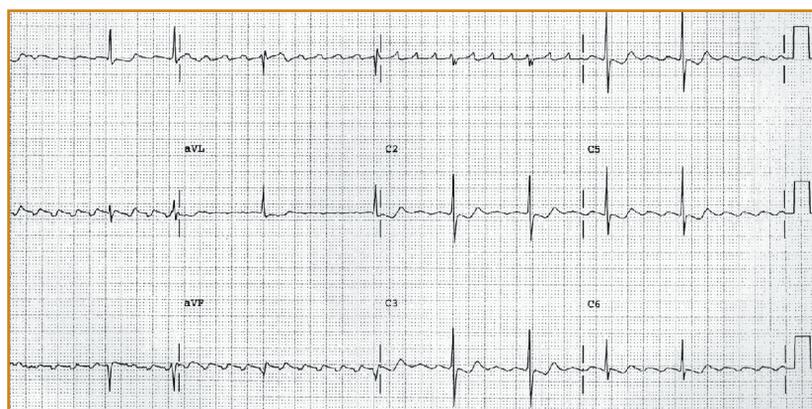


Figura 9. Flutter auricular

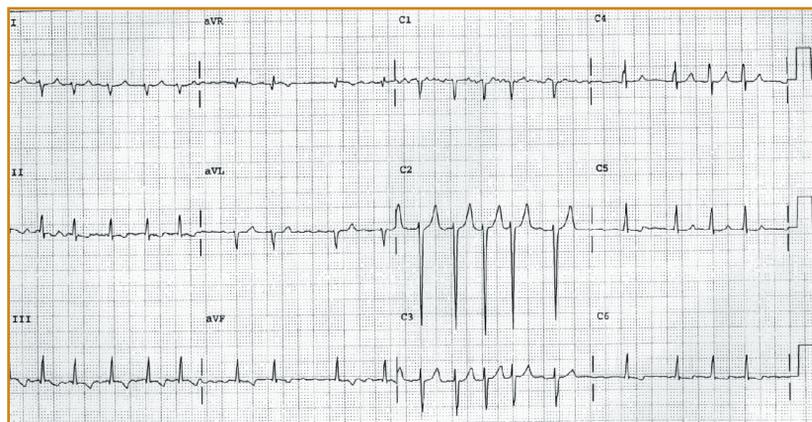


Figura 10. Fibrilación auricular

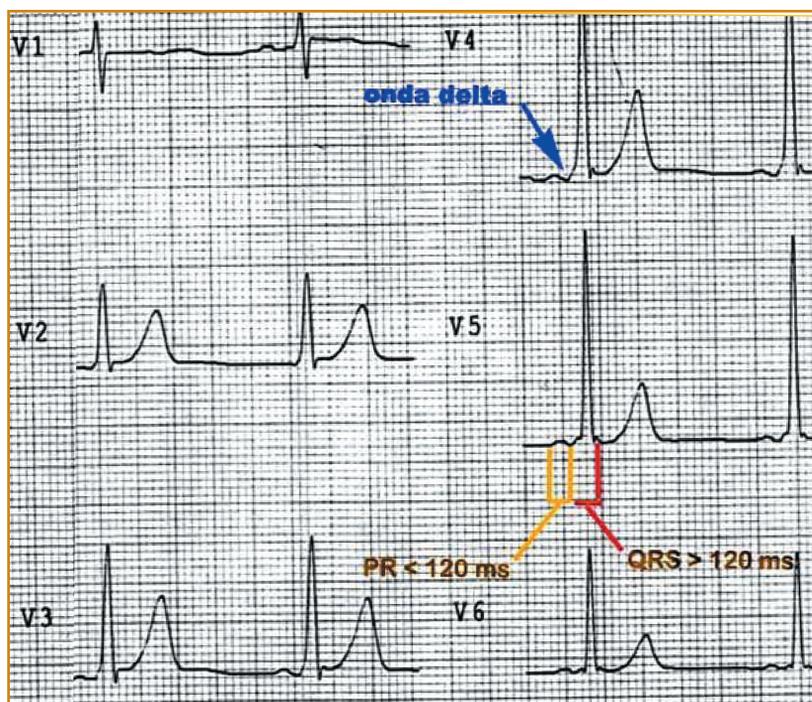


Figura 11. Síndrome de Wolff-Parkinson-White



Figura 12. Extrasístoles ventriculares



Figura 13. Ritmo idioventricular acelerado



Figura 14. Ritmo nodal

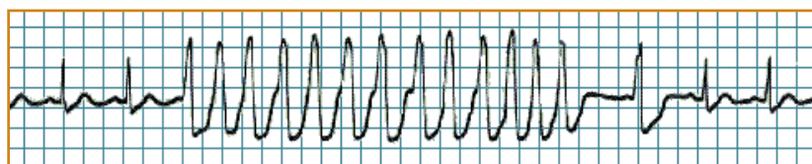


Figura 15. Taquicardia ventricular

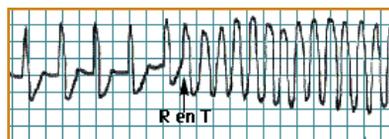


Figura 16. Fibrilación ventricular

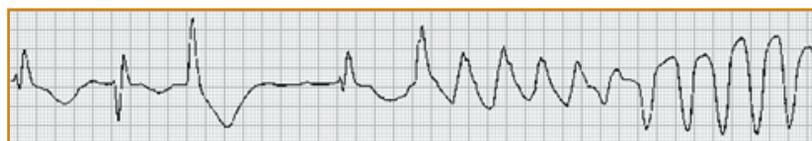


Figura 17. Torsade de pointes

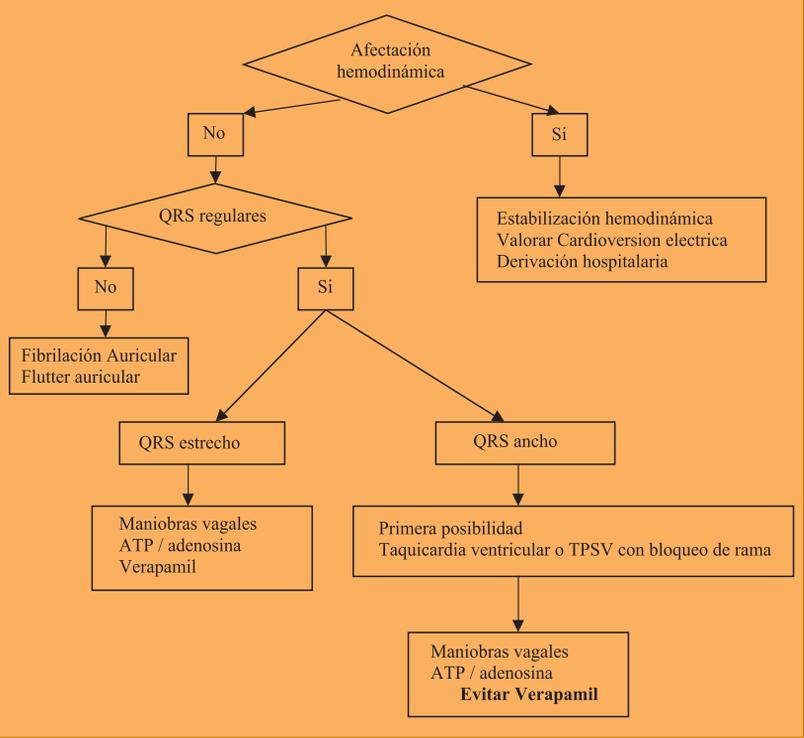


Figura 18. Actitud inicial ante una taquicardia

Tabla 1: Tratamiento para cardioversión farmacológica

Fármacos	Via	Recomendación	Evidencia
Flecainida	Oral- iv	I	A
Propafenona	Oral- iv	I	A
Amiodarona	Oral- iv	Ila	B
Procainamida	iv	Ilb	C
Sotalol	Oral- iv	III	A
Digoxina	Oral- iv	III	A

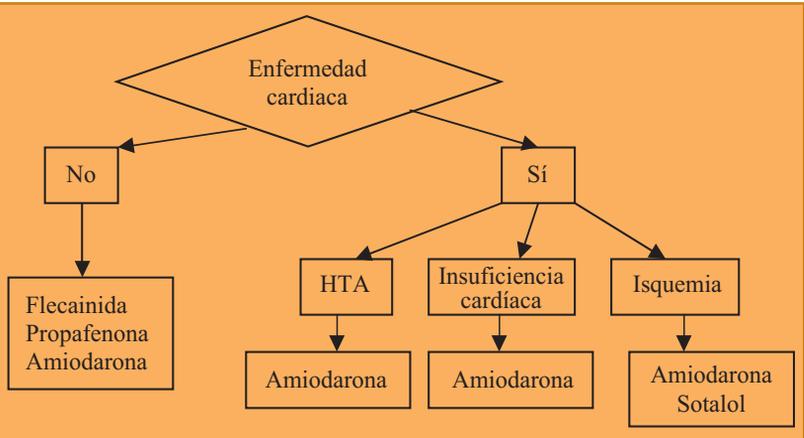


Figura 19. Fármacos recomendados en fibrilación auricular

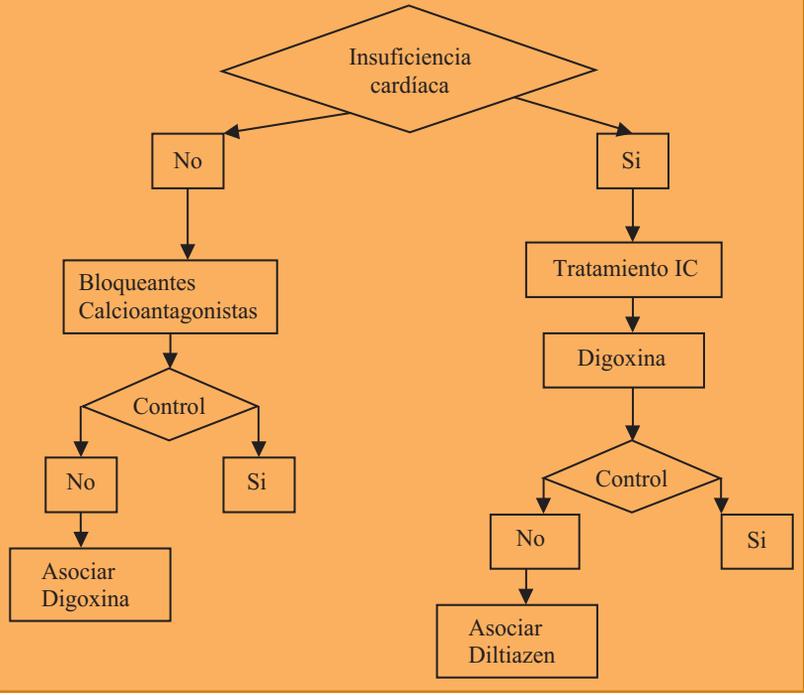


Figura 20. Tratamiento para el control de frecuencia cardíaca

Tabla 2: Dosis para el control de la frecuencia cardíaca

Fármaco	Fase aguda	Mantenimiento
Diltiazem	20 mg iv + 25 mg iv Perfusión 5-15 mg/hora	180-360 / día
Verapamil	5-10 mg iv. en 3 minutos	120-240 / 12-24 h
Propranolol	1-5 mg iv en 5-10 m	30-360 mg día
Atenolol	5 mg iv	50-100 mg / día
Digoxina	Impregnación	0,25 mg/día