



The more of these present, the greater the chance of VT.

*If in doubt, treat as VT, especially if sick.*

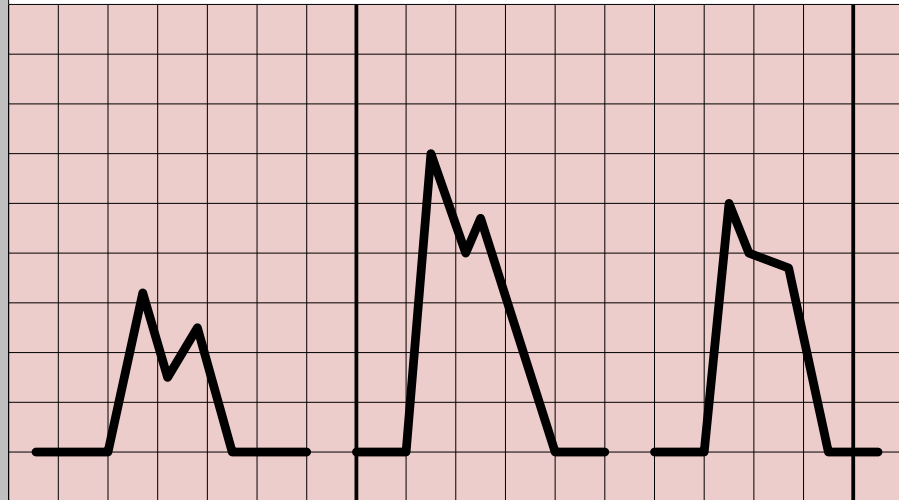
1. History of any of the following (+ increasing age):
  - ischaemic heart disease
  - cardiac failure
  - cardiomyopathy
2. Atrio-ventricular dissociation
3. Capture beats or fusion beats
4. Very wide QRS (>0.14 seconds)
5. Bizarre or extreme axis = VT (a positive complex in aVR strongly supports this)
6. Negative concordance across chest leads = VT  
Positive concordance tends towards VT  
Non-concordance = 50:50
7. V1 - monophasic R or biphasic RS
  - taller left (initial) peak on “rabbits ears” = VT
  - if second peak is taller = 50:50
  - “fat” initial R wave ( $\geq 0.04$  seconds) = leans towards VT
8. V6 – monophasic QS or biphasic QR = suggests VT
9. Triphasic V1 and V6 = < 10% chance VT

**continues over**

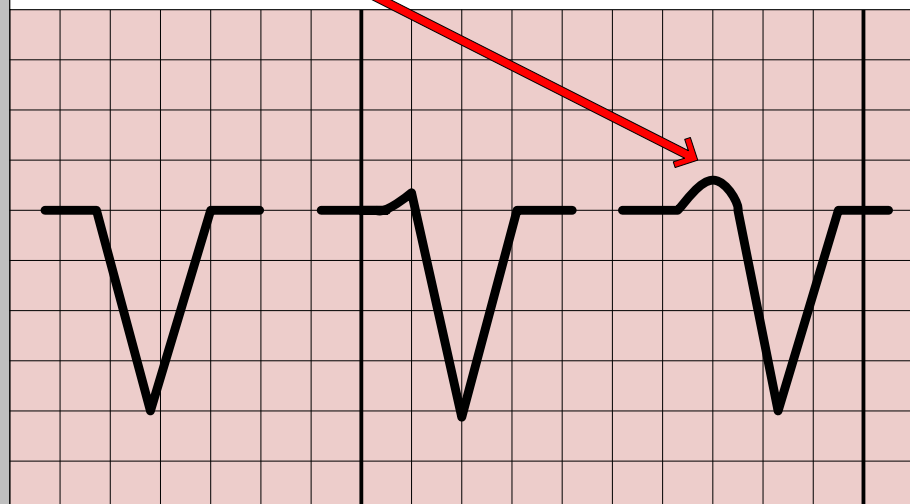


**Morphological clues highly suggestive of VT:**

**V1 (or MCL 1) – left rabbit-ear taller than right**



**V1 (or MCL 1) – fat initial R waves favour ventricular**



**V6 (or MCL 6) – patterns that favour ventricular**

