ati ALLIED HEALTH | Corrections

Corrections for Certified EKG Technician (CET) Study Guide

The dates listed below indicate when the correction was added to this document. These corrections are also made for subsequent printings and within the tutorial version of the book. Implementation of those changes will vary based on deployment schedules for the tutorial updates and depletion of print stock.

Page	Chapter	Description	Date of Change
III	**Intro**	The purpose of the CET certification is to establish a standard of care among EKG technicians. ~~In order to~~ **To** sit for the CET examination, the applicant must have a high school diploma or GED and **successfully** complete a ~~60-hour~~ training program~~.~~ **offered by an accredited or state-recognized institution or provider that includes EKG instruction or successfully complete a Registered Apprenticeship Program that includes EKG training. (The program must be registered with the U.S. Department of Labor.) The training for both paths must have occurred in the last five years.** The CET candidate may substitute one year of EKG technician experience in lieu of attending a formal training program**, as long as it was in the last three years**. With ~~this~~ **both** option**s**, the CET candidate must provide documentation of having successfully completed at least 10 EKGs **on live patients**. **Refer to the candidate handbook for specifics.** Candidates can register for the examination online at ~~https://www.nhanow.com/certifications/ekg-technician.~~ **www.nhanow.com.**	**10/9/2019**
15	**1**	You will clean the skin and trim **or shave** hair if necessary to ensure proper contact between the skin and electrode. **Clipping is preferred over shaving to reduce the chances of skin irritation.**	**12/20/2018**

24	**2**	On the EKG, the time needed for an electrical impulse to travel from the SA node through the AV node to the ventricles is recorded as the PR interval~~., which is noted where the P wave ends and the Q wave begins.~~ **The PR interval starts at the beginning of the P wave and ends at the beginning of the Q wave.** The expected PR interval is 0.12 to 0.20 seconds. If the AV node is not conducting impulses as expected, the PR interval can increase. Complete heart block occurs when the AV node is unable to conduct any electrical impulses from the SA node to the ventricles.	**12/09/2021**
30	**2**	Scissors and**/or** shaving equipment (if hair removal is needed)	**12/20/2018**
33	**2**	Slight alterations in placement can need to be considered based on the patient anatomy or skin condition **and manufacturer's instructions**.	**6/6/2018**
33	**2**	~~White lead: Right sternal border, first rib~~ ~~Red lead: Right sternal border, third rib~~ ~~Black lead: Left side, anterior axillary line, fifth rib~~ ~~Brown lead: Left sternal border, first rib directly opposite the white lead~~ ~~Green lead: Right lower thoracic area anywhere on the rib cage~~ **[updated image]** **White lead: Right chest, distal to sternum, about two inches below the clavicle** **Red lead: Left chest, lower rib-cage area** **Black lead: Left chest, opposite of white lead** **Brown lead: Right chest, fourth rib, proximal to sternum** **Green lead: Right lower chest, over a rib**	**9/17/2020**
33	**2**	**[updated image]** White lead: Right chest, ~~distal to sternum,~~ about two inches below the clavicle Red lead: Left chest, lower rib-cage area Black lead: Left chest, opposite of white lead Brown lead: Right chest, fourth rib~~, proximal to sternum~~	**1/21/2021**
39	**2**	Increasing speeds and incline of treadmill occur every 3 min until the target heart rate ~~([220 – age] x 0.85)~~ is achieved. **Target heart rates are typically calculated by taking 60% to 85% of the maximum heart rate, depending on protocol.**	**10/18/2018**
43	**3**	~~It is common practice to use~~ **This scenario uses** 70% to calculate the patient's target heart rate.	**10/18/2018**
43	**3**	This is simple way to calculate the target heart rate, but there are many methods. **Target heart**	**10/18/2018**

		rates are typically calculated using between 60% and 85% of the maximum heart rate, depending on protocol. Be sure to follow your institution's protocols for calculating target heart rate.	
66	**Quizzes**	2. An EKG technician is reviewing an EKG tracing and notices that the calibration mark measures 10 mm high and 10 mm wide. The technician should expect to find that the machine is using which of the following settings? A. 25 mm/second B. 2 **mm/**mV C. 50 mm/second D. 0.5 **mm/**mV	**6/6/2018**
68	**Quizzes**	19. Which of the following changes to the settings of the EKG machine will double the height of the tracing it produces? A. 10 **mm/**mV B. 25 mm/second C. 20 **mm/**mV D. 50 mm/second	**6/6/2018**
80	**Quizzes**	19. C. Correct. Setting the gain of the EKG machine to 20 **mm/**mV will double the height, or amplitude, of the tracing produced by the EKG machine.	**6/6/2018**
80	**Quizzes**	2. A. When using the 6-second method, there are ~~six~~ **12** R waves within a 6-second section of the tracing. B. When using the 6-second method, there are ~~six~~ **12** R waves within a 6-second section of the tracing. C. CORRECT. When determining the patient's heart rate using the 6-second method, identify the number of QRS complexes on the tracing and locate the R waves within the QRS complexes. The number of **QRS complexes or** R waves that appear in a 6-second section of the tracing should be multiplied by 10. There are 12 R waves in a 6-second section of this tracing. 12 × 10 = 120/min D. When using the 6-second method, there are ~~six~~ **12** R waves within a 6-second section of the tracing.	**12/20/2018**