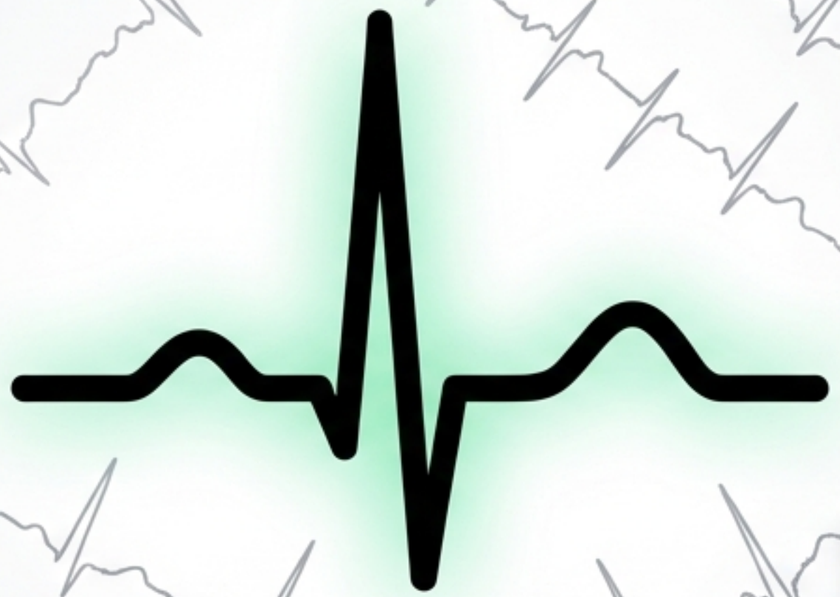
Reading ECGs shouldn’t feel terrifying.

So many squiggly lines. So little time.

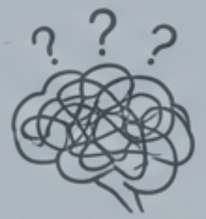
In medicine, you have an approach for everything—until you see an ECG. Then, the approach goes out the window.



Chaos vs. Control

The Standard Reaction

- Skips steps under pressure.

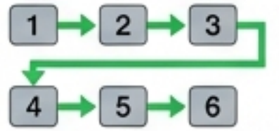


- Relies on guesswork and memory.

- Focuses immediately on the most obvious abnormality, missing subtle clues.

The WiZmed Approach

- Forces a strict, 7-step sequence.



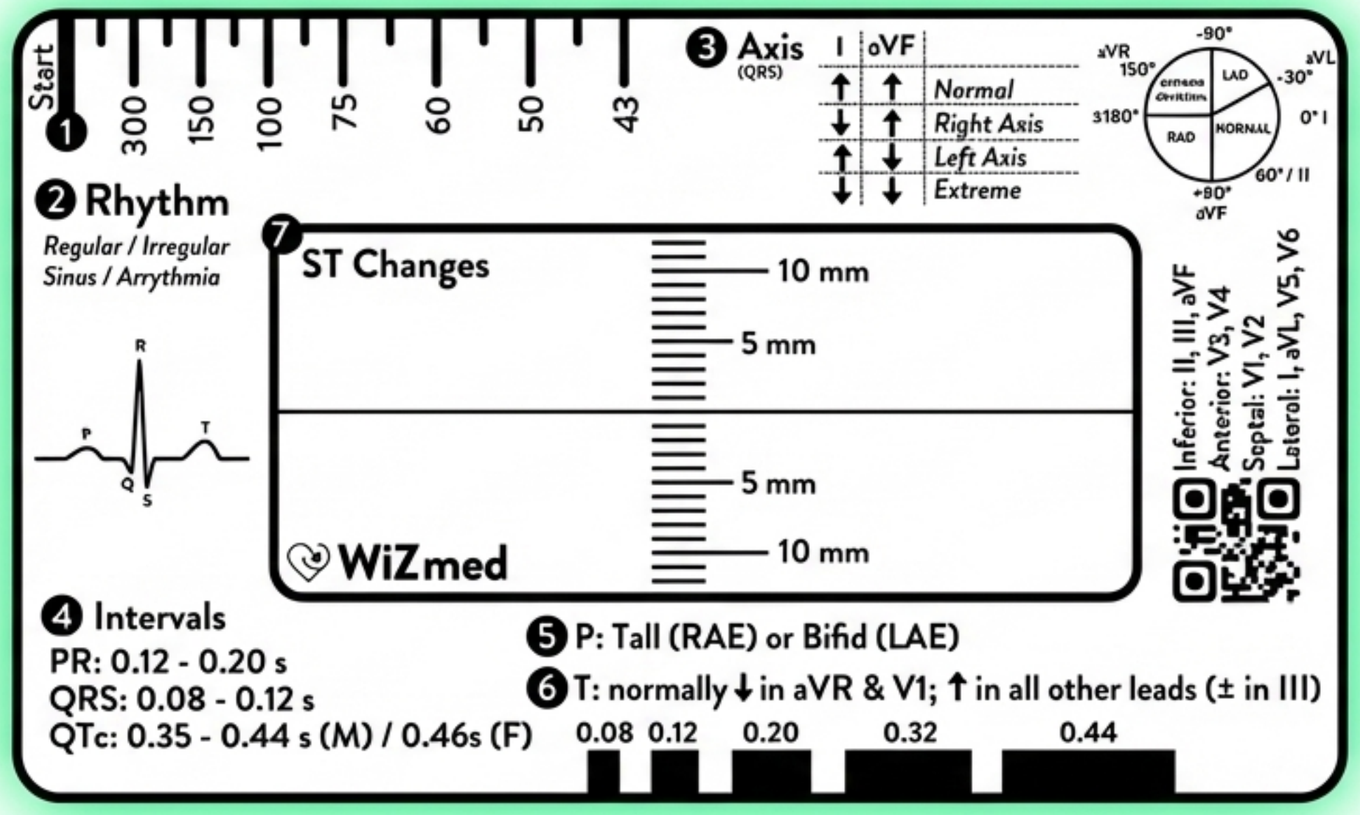
- Relies on a physical, calibrated visual guide.

- Ensures a clear, consistent, and repeatable system every single time.

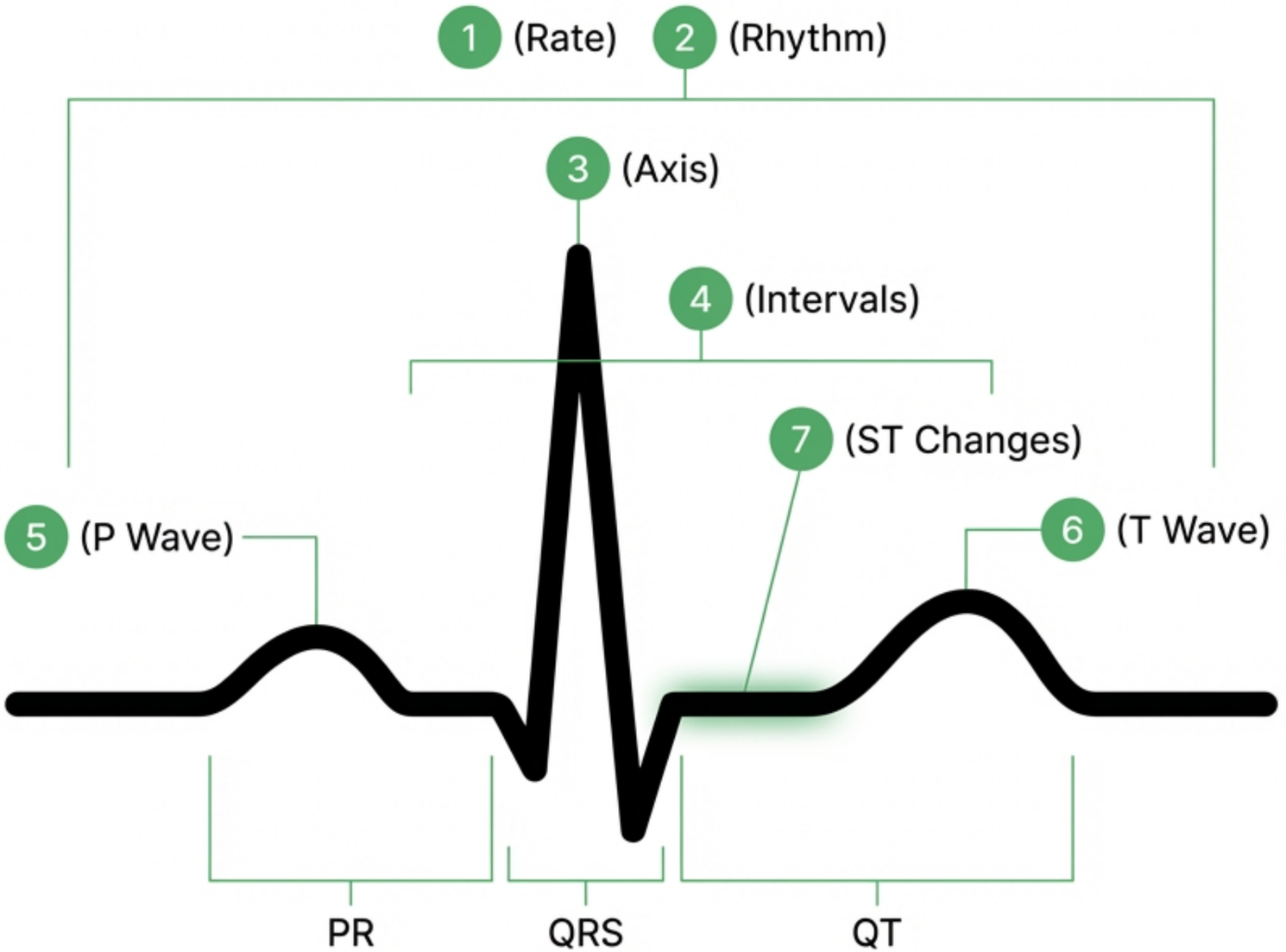
Meet Your Pocket-Sized ECG Coach

The WiZmed 7-Step ECG Ruler

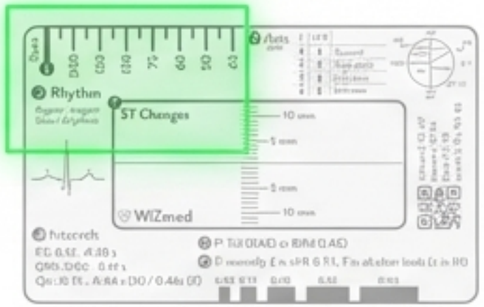
No skipping steps. No guessing. Just a physical algorithm you can hold in your hand.



The Physiological Timeline

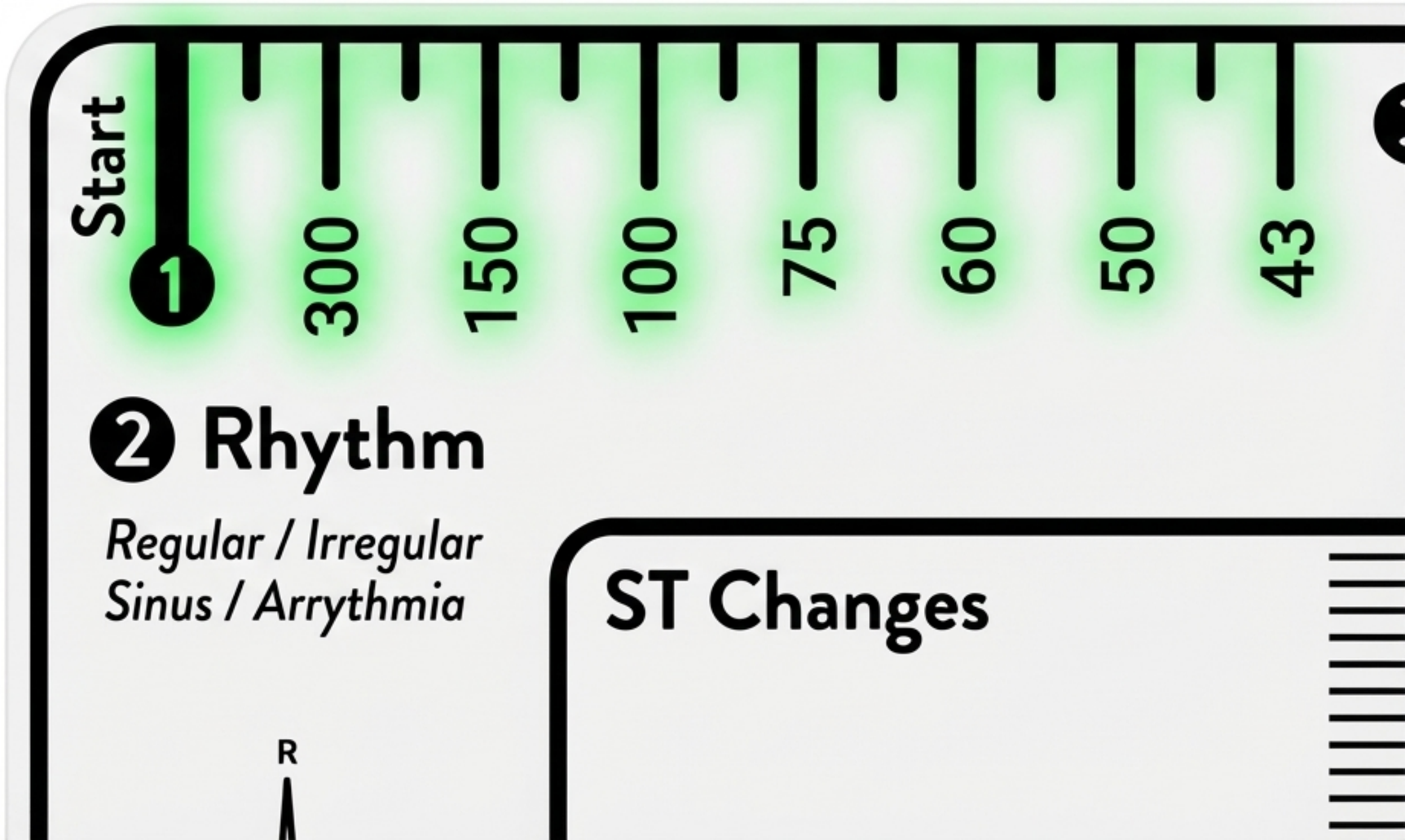


Step 1: Heart Rate

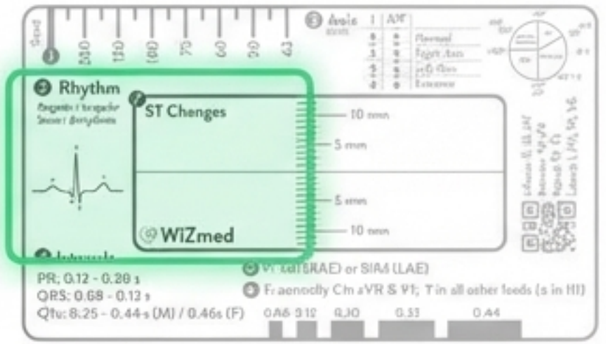


Instant Rate Check:
Line up the “Start” mark with an R wave.

Read the Scale:
Wherever the next R wave lands is your rate (300, 150, 100, 75, 60, 50, 43).



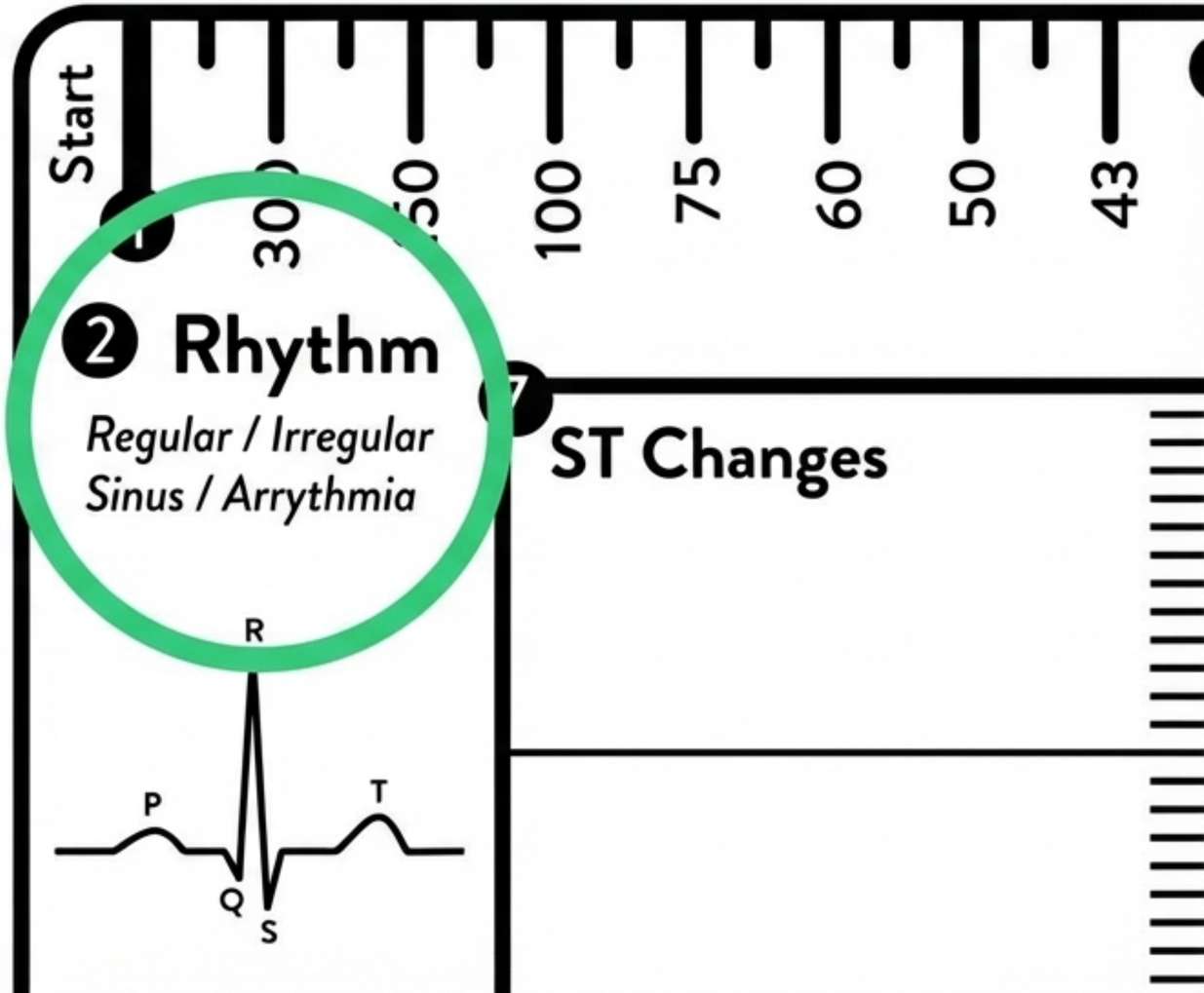
Step 2: Rhythm



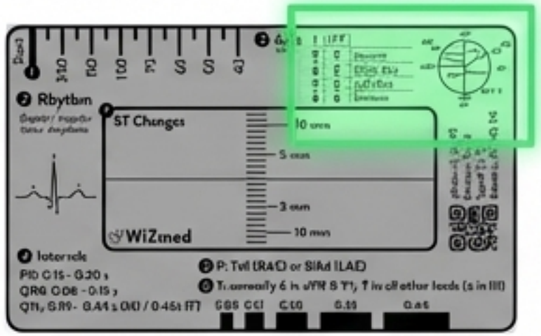
Categorize Instantly:
Tick off the fundamentals in seconds.

Is it Regular or Irregular?

Is it Sinus or an Arrhythmia?



Step 3: Axis



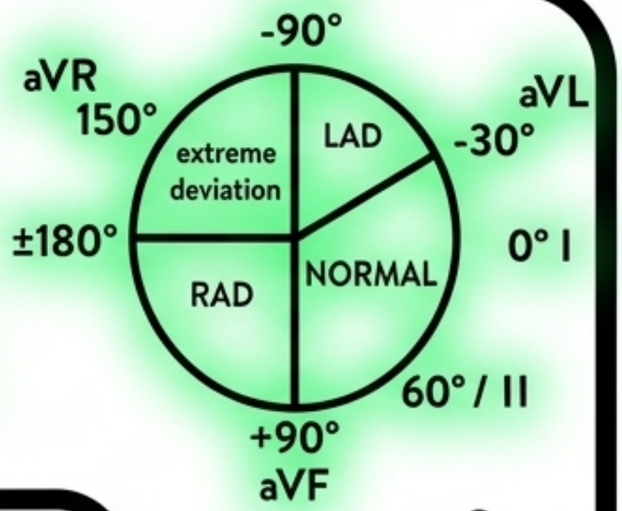
The Ultimate Cheat Sheet:
Never get lost calculating axis again.

Arrow System:
Compare Lead I and aVF.
Up/Up = Normal.
Up/Down = Left Axis.
Down/Up = Right Axis.

Visual Quadrant:
Matches the degree angles (-30°, +90°, etc.) for immediate clinical correlation.

3 Axis (QRS)

I	aVF	
↑	↑	Normal
↓	↑	Right Axis
↑	↓	Left Axis
↓	↓	Extreme



ior: II, III, aVf
erior: V3, V4
al: V1, V2
ral: I, aVL, V5, V6

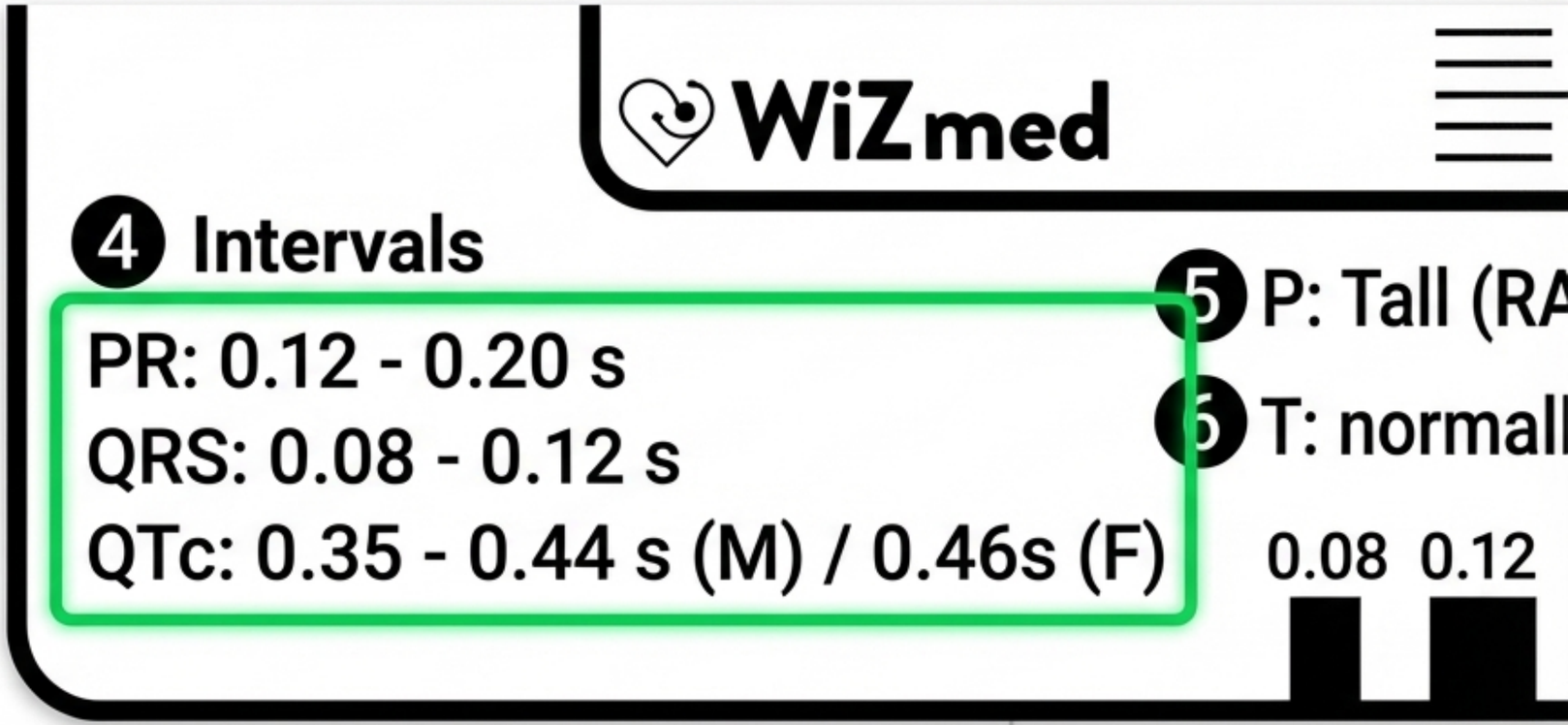
Step 4: Intervals

Built-in Normal Ranges:
Compare directly against the standard block scale at the bottom.

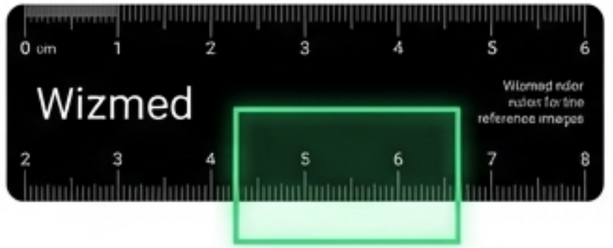
PR: 0.12 – 0.20 s

QRS: 0.08 – 0.12 s

QTc: 0.35 – 0.44 s (Male) / 0.46 s (Female)



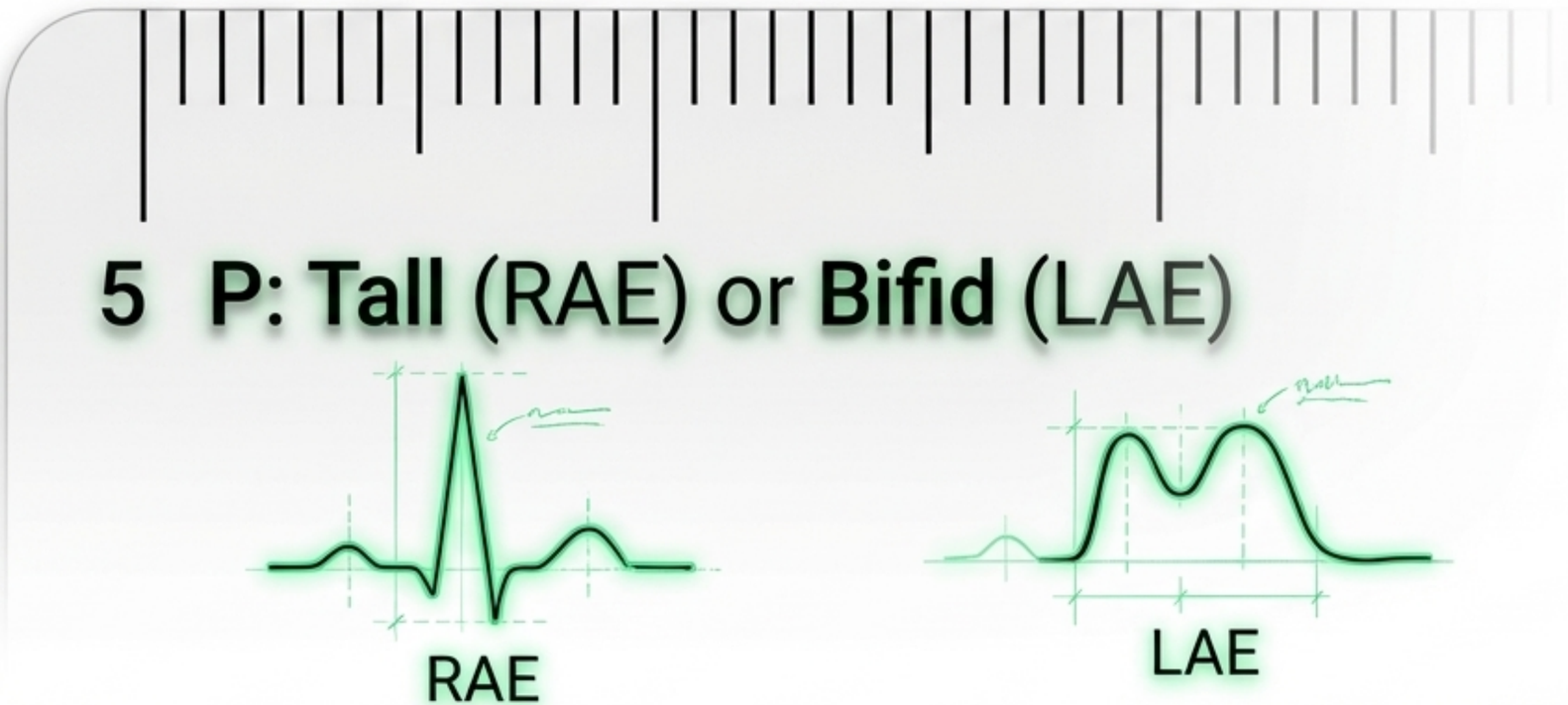
Step 5: P Waves



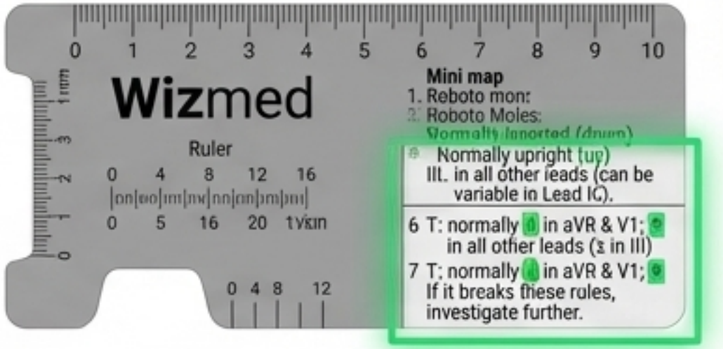
Morphology Check: Glance down and compare.

Tall: Indicates Right Atrial Enlargement (RAE).

Bifid (Notched): Indicates Left Atrial Enlargement (LAE).



Step 6: T Waves



Inversion Rules Demystified:

Normally inverted (down) in aVR & V1.

Normally upright (up) in all other leads (can be variable in Lead III).

If it breaks these rules, investigate further.

with II and Lead III).

5 RL: normally ↓ in aVR & V1; ↑ in all other leads (± in III)

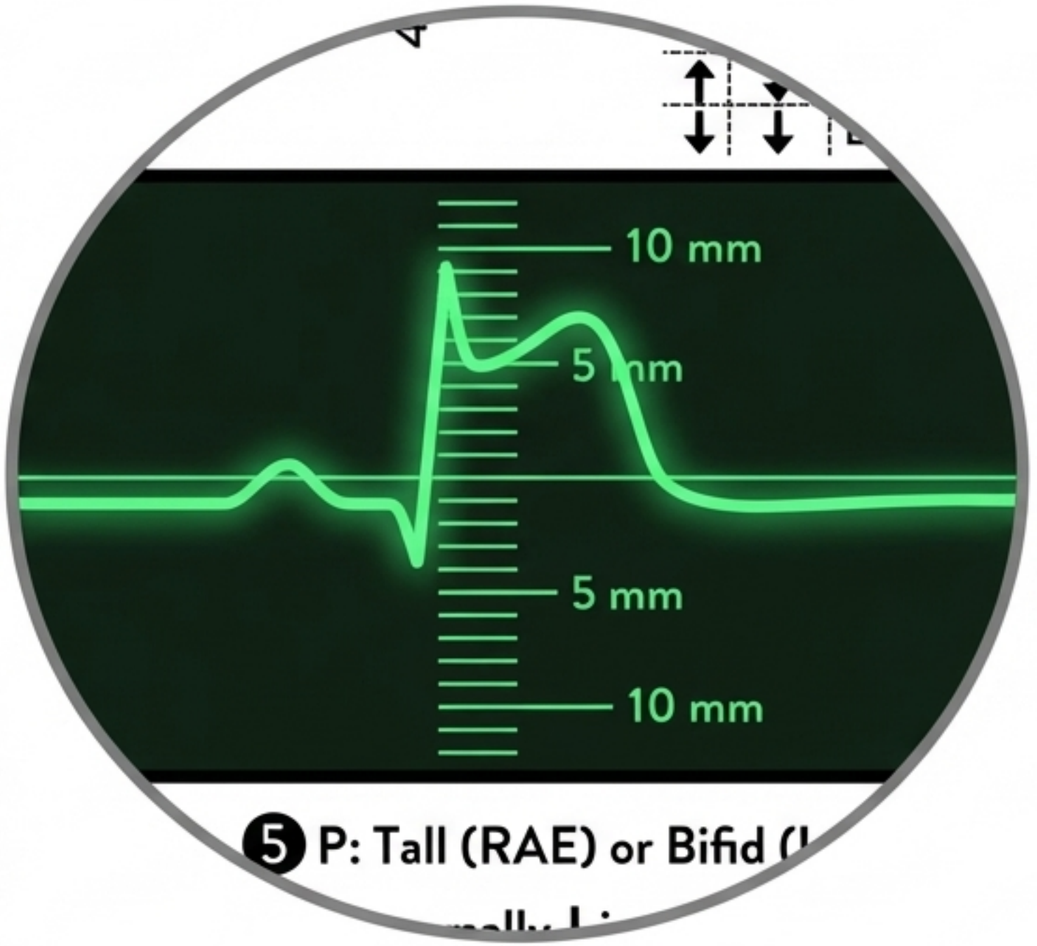
6 T: normally ↓ in aVR & V1; ↑ ↑ in all other leads (± in III)

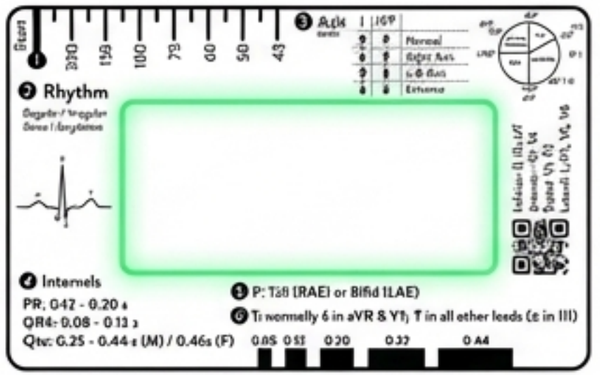
Step 7: ST Changes

Catch the STEMI: The central window is your diagnostic frame.

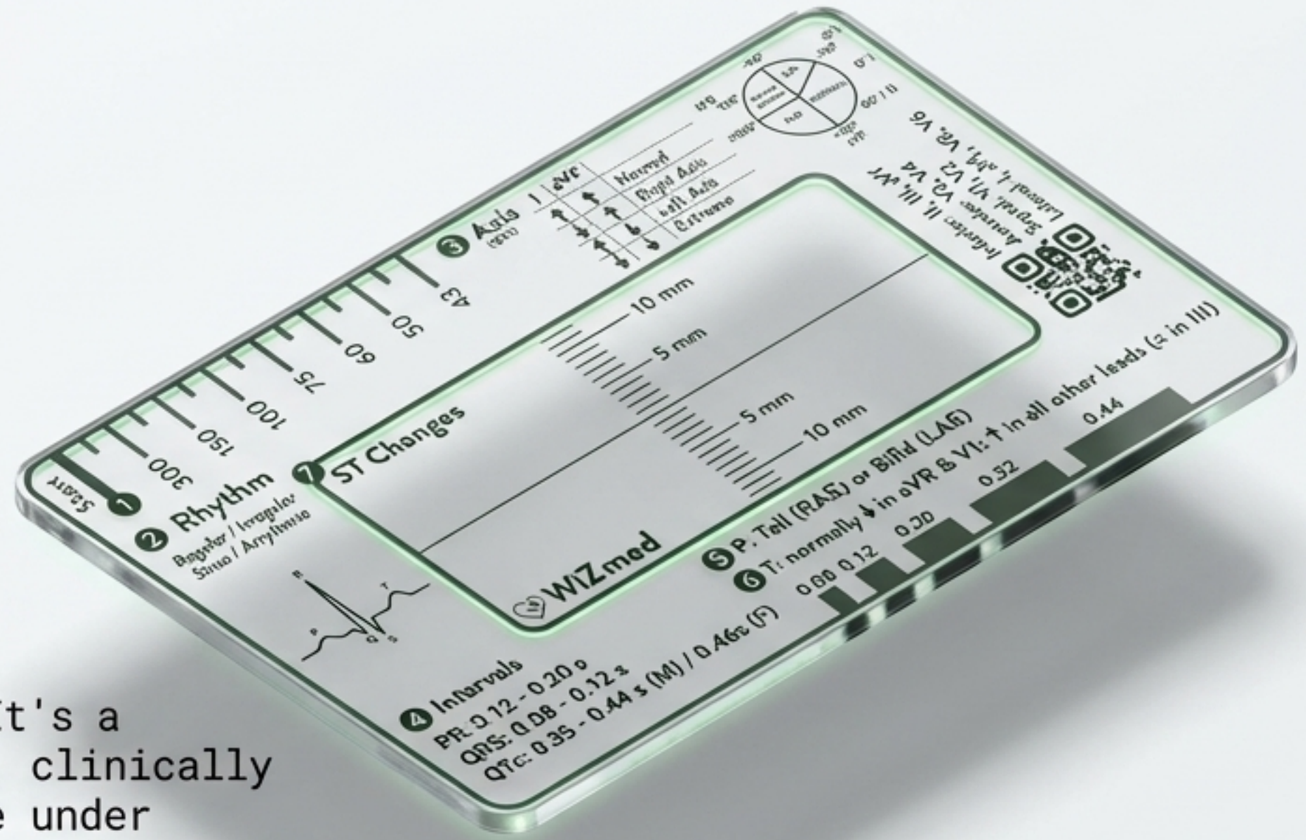
Overlay the clear window directly onto the baseline.

Measure ST elevation or depression instantly using the built-in 5 mm and 10 mm calibration





Reading ECGs Just Got Simple.



It's not just a ruler. It's a step-by-step ECG guide, clinically designed for confidence under pressure.

Scan the QR Code or visit WiZmed.co.za to get your pocket-sized ECG coach.