

Cardiologist Checklist

This list is what Beaumont Student Heart Check recommends. It is only a suggestion.



1. Evaluate the student's history form

- ask students if they reviewed their form. Have them elaborate on any abnormal responses to determine an increased risk or concern
- categorize a student as "Play But Follow Up" if there is anything that suggests cardiac risk
- refer students with potential cardiac risk to their primary care physician for further evaluation (their PCP can make the cardiologist referral)



2. Do a physical exam

- review all students' blood pressure (BP) readings before the exam
****If the first and second readings are above a normal range, do a third BP reading after your exam. Nervousness can elevate blood pressure. Make sure students return to you after this third reading to determine if a follow-up is needed with his/her PCP.*
- if the BP is greater than 150 over 90, the student should "Stop" playing until a further evaluation by the PCP
****For a BP of 130 over 80, students can "Play But Follow Up" with their PCP.*
- listen for heart murmurs, clicks or abnormal heart sounds
- check the pulse on the right arm and lower extremities



3. Interpret the ECG

The following is based on the Seattle criteria for ECG interpretations

- pay close attention to the QTC (re-measure if necessary)
- use Bazett's equation (the R-R interval should be measured in seconds): $QT_c = \frac{QT}{\sqrt{R-R}}$
- get further evaluations for PVCs
- please note a right atrial rhythm can be normal in adolescents
- students should "Stop" playing sports and get a further evaluation for all suspected WPW's
- do not write on the ECG
- any notes should be clearly printed and written in easy-to-understand, layman terms (it's okay to write out an explanation)
- avoid using technical terms or abbreviations (e.g., "Incomplete right bundle branch block, LVH")



4. Do a “quick look” echo

We suggest looking at five views

#1: Parasternal long axis view | Pay attention to:

- the left atrial size
- LV size and function
- a quick evaluation of the right side of the heart can be made at this time
- LV outflow
- mitral valve function
- if apex is not well seen, move the transducer down as an additional view
- prolapse or SAM
- a midline closure in the aortic valve

#2: Parasternal long axis view with color | Focus on:

- LV outflow
- mitral valve regurgitation
- any aortic insufficiency

#3: Four-Chambered view | Pay particular attention to:

- chamber sizes
- valve flow
- function

#4: Five-Chambered view | Look at the:

- LV outflow
- mitral valve flow.

#5: Five-Chambered view with color | Look for:

- outflow turbulence

During these views:

- make measurements when necessary
- you're looking for hypertrophic cardiomyopathy, not diagnosing other conditions
- a bicuspid aortic valve or suspicion for an ASD may be apparent

****These conditions might be abnormal and warrant further diagnosis – but are not life-threatening. Students with these symptoms will need a follow-up exam but more than likely won't need a “Stop” designation.*



5. Summarize your findings

- sign off on the student results and make sure your notes are legible with understandable, non-medical terms



6. Discuss abnormal concerns

- students recommended to “Stop” playing should have the reasons explained to them and their parents
- when discussing your concerns, remind them this is a screening exam, not a diagnosis
****The purpose of this screening is to find those who might be at risk for sudden cardiac arrests.*
- explain that student heart checks are not equipped to perform more detailed studies
****Findings are non-conclusive and by no means justify a diagnosis. Any abnormalities, however, are enough reason to warrant a more in-depth evaluation.*
- make students and parents aware your findings do not mean there is an increased risk for a cardiac event but you recommend the student “Stop” playing until a further evaluation can be done