

Date: September 2, 2014
To: Edmonton Zone - Laboratory, Physicians, Emergency Clinical Network, Nursing
From: AHS Laboratory Services
Re: Management of Community Patients with Abnormal ECG Interpretations

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Key Messages:

A provincial standardized process for handling community patients that present with acute critical ECG interpretations generated from the ECG instrument will be implemented in the Edmonton Zone in two phases:

- Effective **September 9, 2014** at AHS Laboratories where ECGs are performed. This includes the following laboratories: Cross Cancer Institute, Devon, East Edmonton Health, Ft. Saskatchewan, Gibbons, Leduc, Morinville, Northeast Centre, Redwater, Strathcona and Westview.
- Dynalife Diagnostic Patient Service Centres will be implementing the same process at a later date. Additional communication will be announced closer to the implementation date.

The applicable acute critical ECG interpretations include:

- Acute MI or STEMI = ST elevation Myocardial Infarction
- Ventricular tachycardia
- Complete heart block
- Extremely high heart rate (greater than 140 bpm)
- Extremely low heart rate (less than 35 bpm)

Urgent care actions are:

- Immediate call to requesting practitioner who will direct patient care, OR, if unable to contact requesting practitioner,
- Take patient to Emergency Department for evaluation.
- Call 911 for Emergency Medical Services.

Patients refusing to go to the Emergency Department or to access EMS will be required to sign an Abnormal Electrocardiogram (ECG) waiver form.

Why this is important:

This process is intended to overcome the potential for a delay in urgent patient care that can result based on the time required for routine ECG interpretation by the physician.

Action Required:

- Physicians should not send symptomatic patients to community testing sites for STAT ECG testing. Symptomatic patients should be directed to the nearest Emergency Department.
- Incorporate this provincial standard into current practices.

Inquiries and feedback may be directed to:

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This bulletin has been reviewed and approved by:

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