

**Date:** Nov. 3, 2014  
**To:** Laboratory, Physicians, Emergency Clinical Network, Nursing – South Zone  
**From:** AHS Laboratory Services  
**Re:** Management of Patients with Acute Abnormal ECG Interpretations

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### Key Messages:

Effective Nov. 3, 2014, a provincial standardized process will be implemented for the urgent care of community patients that present to Laboratory Services for ECG testing and are observed to have an acute abnormal ECG pattern based on the interpretation by the ECG instrument and/or a certified ECG reader.

Laboratory personnel are not permitted to interpret ECG results.

The applicable acute abnormal 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 options include:

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

Patients that refuse to go to the Emergency Department or to be assessed by 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 a 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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