

GUIDELINES & PROTOCOLS

ADVISORY COMMITTEE

Electrocardiograms

Reviewed 2003

Scope

This guideline applies to the use of 12 lead resting electrocardiograms (ECGs) as a screening tool, or on admission to hospital, or prior to surgery for patients of all ages. It does not apply to patients admitted to intensive care units or emergency departments.

RECOMMENDATION 1: Screening

An ECG should not be performed for screening purposes.

RECOMMENDATION 2: Hospital admission

An ECG should not be performed routinely on hospital admission.

RECOMMENDATION 3: Pre-operative

ECGs should be performed only when indicated by the patient's history or physical exam, or the specific procedure being performed or the type of anesthesia being used. In most cases of low-risk surgery, without general anesthesia, such as cataract removal or cystoscopy, an ECG should not be performed.

If an ECG has been performed within the previous three months and is available it should not be repeated pre-operatively unless warranted by the clinical circumstances.

RECOMMENDATION 4: Indications

The ECG can be a useful tool in the initial evaluation of persons suspected of having heart disease. It is also valuable in the management and follow-up of persons with documented heart disease and is essential in the diagnosis of cardiac arrhythmias.

Rationale

Current medical literature indicates there is little evidence to support the use of the pre-operative ECG in asymptomatic individuals. The usefulness of an ECG as a screening instrument for cardiovascular disease is limited because the sensitivity and specificity of the ECG are low, resulting in large numbers of false-positive and false-negative findings in an asymptomatic population.

References

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Sponsors

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