

Frequently Asked Questions About Heart Screenings

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is a condition that occurs when the heart suddenly and unexpectedly stops beating effectively. If this happens, blood stops flowing to the brain and other vital organs. This is caused by an electrical disturbance and/or a structural abnormality. Death occurs within minutes if not treated with CPR and an AED (automated external defibrillator). SCA is not a heart attack.

What happens at a screening?

Every participant being screened must complete a permission and waiver form and cardiac risk assessment form.

The day of the screening arrive at the location at your pre-registered time with completed paperwork. For participants under 18 years of age, if a parent signs the consent form in advance, parents/ guardian are not required to be present. All screening participants will complete Stations 1–6. The cardiologist determines Station 7 evaluations.

- Station 1 Registration
- Station 2 Medical Questionnaire Review
- Station 3 CPR/AED Demonstration and Practice
- Station 4 ECG (Electrocardiogram)
- Station 5 Print Room
- Station 6 Cardiologist Interview
- Station 7 Echocardiogram (if ordered by cardiologist)

What is an electrocardiogram (ECG)?

An ECG is a completely painless, non-invasive test that evaluates the health of your heart. It measures your heart rate and rhythm through electrodes attached via small patches with a mild latex free adhesive to the chest, legs and arms. No physical activity is required.

What is an echocardiogram (ECHO)?

When indicated by our cardiologist, a limited echocardiogram (ultrasound of the heart) will be done. This specifically focuses on identifying heart structural abnormalities relevant to the age group being screened.

What does it mean if my screening finding indicates that further evaluation is needed?

It may indicate the presence of a serious cardiac condition that may require further follow-up testing and treatment by a physician. You must contact your physician to determine the need for further testing and treatment.

Will every participant get both an ECG and an ECHO at the screening?

Every participant gets an ECG. The decision for an ECHO to be done at the screening is made at the discretion of a Foundation cardiologist. About 30% of the participants have an ECHO to evaluate the heart from another perspective. Getting an ECHO is not a confirmation there is a heart problem.

Will results be shared with host facility?

Absolutely not.

Will a diagnosis be made on the results of the screening?

NO, THIS IS A SCREENING ONLY. A clinical diagnosis can only be made incorporating the ECG and/or ECHO findings with a history and physical performed by your own physician. If you are told additional follow-up is needed, you can request a copy of the ECG through epsavealife.org/contact (select **red Request ECG** button), for you to take to your physician. ECHO results are not available.

If the cardiac screening ECG findings indicates the need for follow up evaluation and testing with a physician, does that mean there is a life threatening condition?

Your medical provider should conduct a cardiac risk assessment with further testing as needed to determine a final diagnosis and treatment plan as needed. Our Medical Director is available to speak with your provider upon request.

If the cardiac screening is within normal limits, does this mean that the heart is healthy?

An ECG can only detect 60% of those at risk for sudden cardiac death at the time of the screening.

If my ECG is within normal limits, does it need to be repeated again in future years?

This ECG is meant to be a baseline to compare with future ECG evaluations. Current international recommendations are to repeat the ECG every two years through age 25 or if any warning signs or symptoms of SCA are present.

What are the warning signs and risk factors for a heart condition?

- Fainting
- Seizure
- Chest pain or pressure
- Skipped heartbeat
- Fast heart beat
- Light headedness
- Unexplained Fatigue
- Family history of know heart abnormalities or sudden death before age 40
- Family members with unexplained fainting, seizures, near/drowning or car accidents
- Family members with known structural heart abnormality, repaired or unrepaired
- Recreational use of stimulants, inhalants, unprescribed medication, performance-enhancing supplements or excessive energy drinks

Is it possible my test is false positive?

~2% of ECG screenings will result in "false positive" findings. A false positive ECG indicates a defect may exist, but further testing shows there is no problem. The Foundation believes the benefit of this potentially life-saving screening outweighs this concern.

How do I request a copy of my ECG?

Electronic copies of your ECG can be requested after the screening by visiting epsavealife.org/contact and selecting the **red REQUEST ECG RESULTS** button. Please note: ECHO results and images are not available.

