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Charlotte Keel MEDICAL PRACTICE

ECG Process

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Contents

INTRODUCTION

Electrocardiograms (ECGs) are performed as routine diagnostic and monitoring tests for a number of clinical reasons including but not limited to diagnosis and management of hypertension and drug monitoring. They can also be performed on an urgent basis if clinically required and deemed appropriate by a Healthcare Professional.

The aim of this SOP is to provide guidance to staff performing ECGs on the appropriate action to be taken whilst performing routine vs urgent ECGs within Practices. This SOP applies to all ECGs conducted within CKMP.

THE PROCESS

ROUTINE ECGS

1. Pt is identified as requiring a routine ECG.
    a. Unless ECG is for new diagnosis of hypertension, discuss with on-call/named GP/Microteam for clarification on urgency/appropriate time frame for ECG.
2. Appointment is booked with relevant staff member.
3. ECG is performed according to guidance below and saved to patients note

Clinical consideration:

4.

- The reading displayed by the device should not be assumed to be accurate or clinically reliable in all circumstances. The clinician must consider the reading in conjunction with the patient's clinical presentation and, where appropriate, repeat the measurement or undertake an alternative method of assessment to confirm the result.

5. If ECG appears as "normal" a non-urgent task is sent to patients named GP and advised they will be contacted if the ECG needs to be discussed/patient reviewed.
6. If the ECG appears as "Abnormal" – the Clinician taking the ECG will check if the patient has any Shortness of Breath or Chest pain – if no then a Urgent task will be sent to the requesting GP or patients named GP and the symptoms will be recorded in the EMIS notes for review by clinician.
7. If the clinician performing the ECG is concerned that the automated written report states any of the following:
Myocardial Infaction, **Atrial Fibrilation**, **Heart Block** or showing a **pulse rate >100** then please escalate to CAS GP.
8. If the clinician performing the ECG is concerned that the patient is acutely unwell with chest pain, Shortness of Breath and/or an irregular heart rhythm, this should be discussed with either the on-call nurse or GP and appropriate action is to be taken – and documented in EMIS records

URGENT ECGS

1. Patient is identified by clinician as requiring an urgent ECG. Possible causes – chest pain/irregular heart rhythm.
2. If required discuss with on call nurse to arrange for an urgent ECG to be performed.
3. Once ECG has been performed on call/requesting GP to review ECG before deciding action.
4. If patient requires further review via ED/admission it is the responsibility of the on call/requesting GP to arrange this.
5. If ongoing monitoring is required of the patient this can be arranged via the on call nurse, with ongoing supervision from the on call/requesting GP.

GUIDANCE DOCUMENTS

J3848_CardioSoft Easy User Guide_St1

Cardiosoft USB - I3 Integration - Quick l

Intelligent Integration Interfac

Version Control

Date	Version	Author	Change Details
02/2024	1.0	S Nabi	New Document
06/2025	1.1	DKT	Addition of comment re: requesting advice of CAS/Named/Micro Team for urgency of ECG
04/09/2026	1.2	KXS	Addition of pulse check