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ECG Process

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1. Introduction

ECG's 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.

2. Purpose

To provide guidance to staff performing ECGs on the appropriate action to be taken whilst performing routine vs urgent ECGs within Practices

3. Scope

This SOP applies to all healthcare professionals and administrative staff involved in the delivery, coordination and support of ECGs.

PNs; TRNs; GPs; GPRs; AHPs

4. Process

Charlotte keel Medical practice Process:-

Routine ECGs:

1. Pt is identified as requiring a routine ECG. 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 notes.

4. 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.

5. 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.

6. If the clinician performing the ECG is concerned that the patient is acutely unwell with chest pain and/or an irregular heart rhythm, this should be discussed with either the oncall nurse or GP and appropriate action is to be taken – and documented in EMIS records

7. The clinician performing the ECG should not rely on the ECG written report.

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 oncall 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 oncall/requesting GP to arrange this.

5. If ongoing monitoring is required of the patient this can be arranged via the oncall nurse, with ongoing supervision from the oncall/requesting GP.

Guidance documents







Version Control

Date	Version	Author	Change Details
Feb 2024	1.0	Dr Shabi Nabi	Created
June 2026	1.1	Danielle Townsend	Addition of comment re requesting advice of CAS/Named/Micro team for urgency of ECG