Patient Name: Date of Birth: MRN: NHS Number: Local Hospital: Consultant:

If unsure any aspect of ECG interpretation please refer to the sister document '*Approach to the Paediatric ECG*'.

| ECG Strip Parameters | Speed: | Voltage:                     |  |  |
|----------------------|--------|------------------------------|--|--|
| Rate                 | Normal | Abnormal (specify rate)      |  |  |
| Rhythm               | Sinus  | Abnormal (specify):          |  |  |
| P wave               | Normal | Abnormal (specify):          |  |  |
| PR interval          | Normal | Abnormal (specify):          |  |  |
| QRS Axis             | Normal | Abnormal (specify):          |  |  |
| QRS duration         | Normal | Abnormal (specify duration): |  |  |
| ST segment           | Normal | Abnormal (specify):          |  |  |
| T waves              | Normal | Abnormal (specify):          |  |  |
| QTc Interval         | Normal | Abnormal (specify duration): |  |  |
| Additional Findings: |        |                              |  |  |

| Is this ECG:   |                            | Normal    | Abnormal |  |  |
|--|----------------------------|-----------|----------|--|--|
| Is this different from <b>j</b>  | previous ECG?              | Yes       | No       |  |  |
| If abnormal → Findings:  | 1.<br>2.<br>3.<br>4.<br>5. |           |          |  |  |
| If Abnormal/Clinical concerns $\rightarrow$ Discuss with local Registrar/ Consultant   |                            |           |          |  |  |
| If Cardiology opinion required:  |                            |           |          |  |  |
| <ul> <li>A. Call cardiology registrar on call on 07763 094677 to discuss</li> <li>B. Email ECG and proforma to <u>gos-tr.paedcardreferral@nhs.net</u></li> </ul> |                            |           |          |  |  |
| Action taken/ required:  |                            |           |          |  |  |
| Name   | Des                        | signation |          |  |  |
| Signed   |                            |           |          |  |  |

Please file this along with the paper copy of the ECG in patient notes or upload to media. Please note all ECGs will not be automatically by the cardiology team, unless concerns are specified or the history requires formal ECG review.