

MSH Patients' Follow Up - Extension (Form 48 - ECG Summary

Instructions

- 1. An ECG should be performed at least twice during the patient's 5-year follow-up. If any ECG is available in an Annual Visit window, those results should be reported.
- 2. If there any abnormal results are reported, the form should be accompanied by attachments from the medical record fully describing the abnormality.



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OCI SUMMARY							
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. Was ECG performed? ECG_PERF		···	Yes (1) N	0 (
IF ECG WA	S NO	PERF	ORMED, SKIP TO ITEM 5.				
Rate SINUS_RTBe	eats/mi	nute	4. ECG reading: ECG_NORM Normal (1) A	bnor	ma		
Rhythm (answer each Item):	Yes	No	PLEASE ANSWER EACH ITEM:	V-	_		
A. Normal sinus rhythm SIN_KHY	(1)	(2)	A. P Pulmonale P. PULM	10 (1	s)		
B. Atrial fibrillation ATR_FIB	(1)	(2)	B. Incomplete RBBB 1-8888	(1)			
C. Atrial premature beats ATR_PMB	(1)	(2)	C. Complete RBBB C_KBBB	(1)			
D. Atrial flutter ATR_FLU	(1)	(2)	D. Complete LBBB C-LBBB	(1)			
E. Premature ventricular beats PVB	(1)	(2)	E. Right ventricular hypertrophy RVH	(1)			
F. Other arrhythmia OT_ARKHY	(1)	(2)	F. Left ventricular hypertrophy LNH	(1)			
1. If YES, specify: ARRHY_SP	·····		G. Low voltage QSR LYQSR	(1)			
			H. T wave inversion TWV_1NV	(1)			
			I. ST elevation ST-ELEV	(1)			
			J. ST depression ST-PEP	(1)			
			K. Q waves Q _ WYS	(1)			
			L. ECG supportive of diagnosis of received	nt			
			myocardial Infarction ECC.RECMI	(1)	(
			M. ECG supportive of diagnosis of old				
			myocardial infarction ECGOLDMI	(1)	(
			N. Other ECGOTHR	(1)	(
•			1. Specify: <u>ECGOT_SP</u>				
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etain a copy of this form for your files. Send the original to the Medical Coordinating Center, Maryland Medical Research stitute, 600 Wyndhurst Avenue, Baltimore, Maryland 21210. By FAX transmission to 410/435-4232. Thank you.