

ECG indication:

Patients in Children's Emergency Department presenting with **Chest pain**

History

Low Risk <ul style="list-style-type: none">Recent low impact injury to chest	No ECG required at nurse assessment
High Risk <ul style="list-style-type: none">History of acquired (e.g. Kawasaki) or congenital heart diseaseImplantable cardioverter/ defibrillator (ICD) in situConnective tissue disordersHistory of cocaine/ amphetamine usePatients diagnosed with ADHD on methylphenidateStrong family HX e.g. cardiomyopathy, long QT syndrome, sudden unexplained death, Brugada syndrome	DPS 2 ECG required Requires Doctor/ACP assessment

Characteristics of pain

Low Risk <ul style="list-style-type: none">Gradual onset>2 weeksEpigastrium pain	No ECG required at nurse assessment
High Risk <ul style="list-style-type: none">On exertionShort durationCentral, left arm/jaw pain	DPS 2 ECG required Requires Doctor/ ACP assessment

Associated symptoms

Low Risk <ul style="list-style-type: none">Cough (respiratory symptoms)Tender to touchVomiting, heartburn	No ECG required at nurse assessment
High Risk <ul style="list-style-type: none">BreathlessnessPre syncope/ syncope (esp. exertional)DizzinessPalpitationsSeizuresDuring activity	DPS 2 ECG required Requires Doctor/ ACP assessment

Please note

1. This is not an exhaustive list
2. When ECG is not required, consider suitability for MIAMI according to SOP
3. All ECGs should be photographed and uploaded on NC
4. The ECG should be reviewed by the clinician looking after the patient