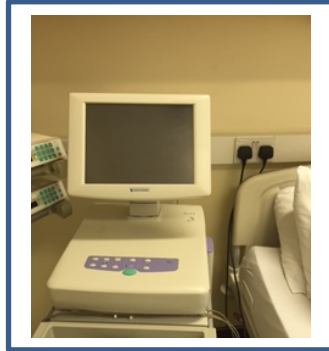




Working Practice Guideline for ECG

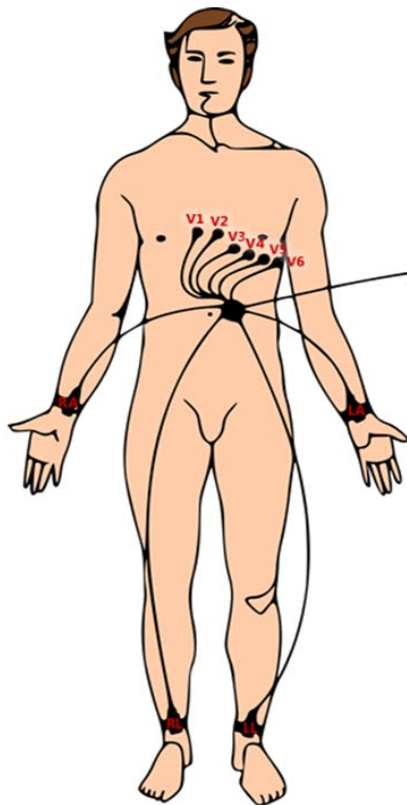


EQUIPMENT

- ECG Machine

PROCEDURE

- Ensure the recorder is in working order and that the annual safety and calibration checks are up to date
- Ensure all sundries are available i.e. razors, skin cleaners, exfoliating tape, adequate supply of ECG paper and electrodes.
- Arrange a room of ambient temperature with privacy/curtains
- Patients should be asked to remove clothing from above the waist and to wear the gown provided.
- Allow the patient to rest supine for 10 minutes.
- Assess the chest area for the need to remove hair and do so if necessary using a razor.
- If necessary, cleanse the skin, dry, and exfoliate to ensure good adhesion of the electrodes.
- Apply electrode pads (see below)



V1 - 4th intercostal space
R sternal border

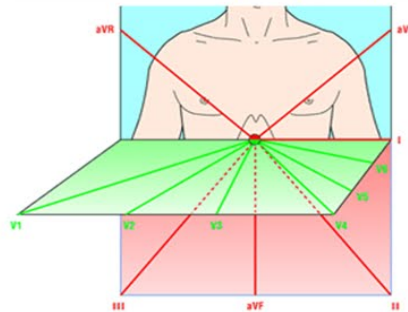
V2 - 4th intercostal space
L sternal border

V3 - Between leads V2 and V4.

V4 - 5th L intercostal space in
midclavicular line

V5 - Horizontally even with V4,
but in the anterior axillary line.

V6 - Horizontally even with V4
and V5 in the midaxillary line.
(The midaxillary line is the
imaginary line that extends
down from the middle of the
patient's armpit.)



- Print ECG
- Ensure date, patient name, CHI/hospital number and study ID number are printed or written on the ECG.
- Individual named on Delegation Log to review ECG result before randomisation of participant.
- The delegated doctor to sign and date the participant medical notes prior to randomisation.
- File ECG result in patient's medical notes as source data.
- Doctor reviewing ECG should write any abnormal findings and actions taken in patient's medical notes.
- With the patient's consent their GP should be informed of any abnormal findings.