

ECG PROTOCOL

Good skin preparation is important!
Rub electrode sites with alcohol soaked gauze.

1. Obtain **TWO** 12 lead ECGs

The first ECG at **standard settings**: 25 mm/s and an amplitude of 10 mm/mV
Hz setting of 0.5 –100Hz or 0.5 –150Hz
and the second ECG with Hz setting changed to 0.5 – 40 Hz

2. Obtain **TWO** sets of V₁-V₆ precordial lead rhythm strips

at double speed and double amplitude (50mm/s 20mm/mV)
Hz setting of 0.5 –100Hz or 0.5 –150Hz
and the second set with Hz setting changed to 0.5 – 40 Hz

This protocol will permit measurement and analysis of QRS duration and T wave morphology and determination of a discrete wave following the QRS complex in leads V₁ – V₃ called the epsilon wave.

Abnormalities of the ECG in ARVD include

T wave inversion beyond V₁ in the precordial leads

Presence of epsilon waves

QRS duration \geq 110 msec in V₁ or V₂

The sensitivity and specificity of these abnormalities are being studied. Other ECG abnormalities are under investigation.