

CARDIAC RISK ASSESSMENT

Sudden Cardiac Arrest often has no warning signs. But according to a recent study, 72% of students who suffered from SCA were reported by their parents to have had at least one cardiovascular symptom before the event. They just didn't recognize it as **life threatening**.

What are the warning signs of a Sudden Cardiac Arrest?

The first step in prevention is to determine any risk factors already present in your child's life. Don't just assume you know answer to the question simply because your child never mentioned possible symptoms, or family heart history was never mentioned. Sometimes kids don't speak up because they don't want to be different. Student athletes may worry they will lose playing time. Or, youth may be living with a chronic condition they simply don't recognize as unusual.

1. Take our Cardiac Risk Assessment on the following page
2. Talk with extended family members to get a complete heart history (grandparents, aunts, uncles, cousins, mom, dad, siblings)
3. Complete the form with your youth, explaining warning signs and asking them if they've experienced symptoms
4. Take the form to your youth's next checkup, or if the youth is experiencing symptoms, or your doctor is not aware of significant family heart history, make an appointment for a checkup

Because Sudden Cardiac Arrest prevention is not a standard part of youth health care, it's important for you and your youth to be your own heart health advocates.

Learn more at gregaed.org.

Warning Signs

- Fainting (syncope) or seizure during or after physical activity
- Fainting or seizure resulting from emotional excitement, distress or startle
- Unexplained fainting or seizures
- Chest pain or discomfort during or after exertion
- Racing heartbeat, especially when the body is at rest
- Unusual shortness of breath
- Dizziness or lightheadedness during or after physical activity
- Unusual fatigue or tiredness

Family Risk Factors

- Family history of heart disease
- Family history of unexpected death during physical activity or seizure
- Unexplained death of a seemingly healthy family member under the age of 50
- Unexplained near/drowning or car accident of family member

Complete this form periodically during well child visits including neonatal, preschool, before and during middle school, before and during high school, before college and every few years through adulthood. If you answer **YES** or **UNSURE** to any questions, contact your health provider.

Name: _____ Date: _____ Age: _____

INDIVIDUAL HISTORY (OFFICE)

Has this person fainted or passed out DURING exercise, emotion or startle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	R55
Has this person fainted or passed out AFTER exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	R55
Has this person had extreme fatigue associated with exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	F53.83
Has this person ever had unusual or extreme shortness of breath during exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	R06.02
Has this person ever had discomfort, pain or pressure in chest during exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	R07.9
Has this person ever complained of a racing heart or “skipping beats”?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	R00.0
Has a doctor ever told this person they have: <input type="checkbox"/> high blood pressure ^(I10) <input type="checkbox"/> high cholesterol ^(R01.1) <input type="checkbox"/> heart murmur ^(I33.0) <input type="checkbox"/> heart infection ^(I51.4)		Z86.79
Has a doctor ever ordered a test for this person’s heart?		
Has this person ever been diagnosed with an unexplained seizure disorder? If yes, when? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	R56.9
Has this person ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	J45.990
Has this person ever been diagnosed with any form of heart/cardiovascular disease? If yes, when and what was the diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Z86.79
Is this person adopted, or was an egg or sperm donor used for conception?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Z86.79

FAMILY HISTORY (OFFICE)

Are there any family members who had a sudden, unexpected or unexplained death before age 50? <i>(including SIDS, car accident, drowning, passing away in sleep)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Z82.41; Z84.82
Are there any family members who died suddenly of “heart problems” before age 50?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Z82.41; Z84.81
Are there any family members who have had unexplained fainting or seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Z82.49
Are there any family members who are disabled due to “heart problems” under the age of 50?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Are there any relatives with these conditions:		
Hypertrophic cardiomyopathy (HCM)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	I42.2
Dilated cardiomyopathy (DCM)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	I42.0
Arrhythmogenic right ventricular cardiomyopathy (ARVC)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Z84.81
Long QT syndrome (LQTS)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Z84.81

FAMILY HISTORY CONT.

(OFFICE)

Short QT syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	I45.81/Z84.81
Brugada syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	I49.8/Z84.81
Catecholaminergic ventricular tachycardia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	I47.2/Z84.81
Coronary artery atherosclerotic disease (heart attack, age 50 or younger)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	P29.81; I46.9; Z82.49
Aortic rupture or Marfan syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	I71.8; Q87.40; Z82.79
Ehlers-Danlos syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Q79.6
Primary pulmonary hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	I27.0
FH of deafness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Z82.2
Pacemaker or implanted cardiac defibrillator (if yes, who and at what age was it implanted?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Z95.0; Z82.49
Has anyone in the family had genetic testing for heart disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Z84.81; Z82.49
Which one? Was a gene mutation found?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Explain more about any "yes" answers:		

FOR OFFICE USE *PHYSICAL EXAM FROM PHYSICIAN SHOULD INCLUDE:*

(OFFICE)

Evaluation for heart murmur in both supine and standing position and during valsalva	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	R01.1; Z03.89
Femoral pulse	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	R03.0
Brachial artery blood pressure—taken in both arms	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	I10
Evaluation for Marfan syndrome stigmata	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Q87.40