

Using AliveCor

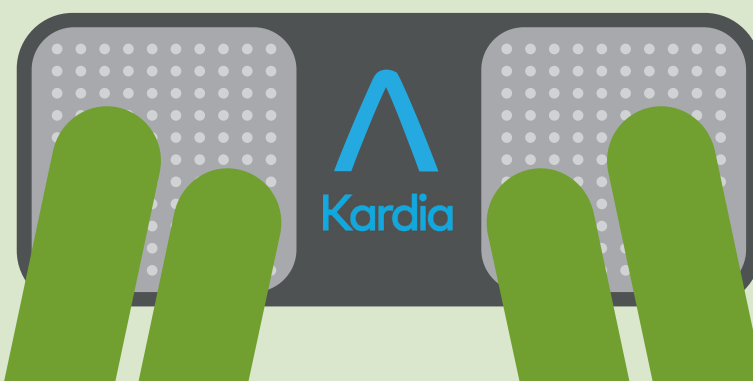
TIPS TO TAKE A GOOD READING

You may find it helpful to:

- place the AliveCor on the desk,
- ensure the participant is calm,
- ensure the participant sits still & does not talk,
- ensure the participant relaxes their arms and shoulders,
- ensure the participant has warm hands,
- ensure the participant is using the pads of their fingers,
- ensure the participant is using a relaxed hold rather than a gripped one,
- moisten the pads of the fingers using hand sanitiser to improve connectivity.



normal
abnormal



What to do after using AliveCor: possible outcomes and recommended actions.

POSSIBLE OUTCOME	RECOMMENDED ACTION
NORMAL	<p>No follow up action needed. Offer participant AFA “Know your Pulse” factsheet for general information and preventative advice. Offer participant a copy of their trace either by email or printed.</p>
ABNORMAL/ POSSIBLE AF	<p>Reassure the participant that this is not a confirmed diagnosis, but simply advise that they require further diagnostic testing. Check with participant that they do not already have a diagnosis of AF, atrial fibrillation, atrial flutter, or atrial tachycardia.</p> <p>Offer the participant further information e.g. AFA “AF Patient Information” Booklet and relevant preventative advice. Explain that this is not a confirmed diagnosis, and further investigations are needed. They will need to receive a 12-Lead ECG which is usually arranged through their GP. If appropriate explain that we will be contacting their GP practice to let them know that possible AF was detected, or ask the patient, if appropriate to contact their GP explaining they had a test showing possible AF and this needs further investigation. If you are in an area with direct access to a cardiac one-stop-shop, refer using agreed arrangements. If this finding is confirmed, therapy will be initiated. Whilst the findings may not be the ideal outcome, it does however mean that therapy can be started early to help minimise the risk of complications.</p> <p>Either let the GP know by emailing immediately, so not to lose the trace when the device is next used, uploading PDF single lead rhythm strip report and sending to them or follow your agreed process to alert the GP. Alternatively, print out the single lead rhythm strip and give it to the patient, or send it to the patient’s email, asking them to take it to their GP practice for further follow up. If in an area with a cardiac one-stop-shop refer in agreed manner. Remember to abide by the information governance advice of using an @nhs.net email.</p>
UNCLASSIFIED	<p>Repeat the single lead rhythm strip recording again (maximum two repeats), ensure that the participant is calm, sits still, does not talk and relaxes their arms and shoulders.</p> <p>If still unclassified, the participant’s single lead rhythm strip must be reviewed for other abnormalities and further investigations carried out. NB: If the participants pulse rate is below 50 or above 100bpm, it may appear as unclassified.</p> <p>Offer the participant further information e.g. AFA “Know Your Pulse” factsheet and relevant preventative advice. Reassure the participant that this is not a confirmed diagnosis and is not necessarily abnormal, but simply advise that their results require further review. Whilst the findings may not be the ideal outcome, it does however mean that if there is an abnormality this can be sorted out early to help minimise the risk of complications.</p> <p>Either let the GP know by emailing immediately, so not to lose the trace when the device is next used, uploading PDF single lead rhythm strip report and sending to them or follow your agreed process to alert the GP. Alternatively, print out the single lead rhythm strip and give it to the patient, or send it to the patient’s email, asking them to take it to their GP practice for further follow up. If in an area with a cardiac one-stop-shop refer in agreed manner. Remember to abide by the information governance advice of using an @nhs.net email.</p>
UNREADABLE	<p>This means that the Kardia Mobile algorithms have not been able to interpret the reading that has been taken. This may be due to:</p> <ul style="list-style-type: none"> • too much background noise. • poor connectivity between the patient and the sensors e.g. patient recently used hand cream, cold hands, holding the device too tightly and holding with tips of fingers. • too much movement in the patient’s limbs. <p>Repeat the test ensuring the tips overleaf are followed.</p> <p>In some individuals it will not be possible to record a good quality single lead rhythm strip due to anatomical and physiological differences e.g. a tremor or arthritic hands or dexterity issues.</p> <p>If still unreadable, place the device centrally, in a vertical position just above the participant’s xiphisternum. Ensure the AliveCor electrodes are against the participant’s skin. You can ask the patient to hold the device there whilst the reading is taken. As a last resort, and if appropriate to do so, take a manual pulse.</p> <p>If still unreadable, offer the participant further information e.g. AFA “Know Your Pulse” factsheet and relevant preventative advice. Reassure the participant that this is not a confirmed diagnosis and is not necessarily abnormal, but simply advise that they require further review. Whilst the findings may not be the ideal outcome, it does however mean that if there is an abnormality this can be sorted out early to help minimise the risk of complications.</p>