



The Cardiac Society of Australia and New Zealand

Reporting of Paediatric Electrocardiograms – Position Statement

This position statement was reviewed by Dr Gavin Wheaton on behalf of the Paediatric and Congenital Council.

It was reviewed by the Quality Standards Committee and ratified at the CSANZ Board meeting held on Friday, 11th March 2016.

The criteria for the reporting of paediatric ECGs are different from those for adult ECGs. Inappropriate reporting of paediatric ECGs may lead to unnecessary parental anxiety, over-investigation, and missed diagnoses.

The Paediatric and Congenital Council recommends that all practitioners who report paediatric ECGs have appropriate training and experience in the interpretation of ECGs on infants (including neonates), children and adolescents.

Reporting practitioners must use age-specific normative data in formulating their reports and should be able to recognise the variations in QRS pattern, T wave morphology and heart rhythm that occur in normal children and which are different from those seen in normal adults. For patients with syncope, or those on psychotropic medication, careful attention should be paid to the QT interval.

Computer algorithms, especially those generated for interpretation of adult ECGs, are often very unhelpful in regard to paediatric electrocardiograms. Computer calculated QT & QTc are not necessarily accurate. Automated reports should be carefully checked and should not be accepted without critical scrutiny of the ECG tracing.

Caution should be exercised when reading faxed ECGs when there is a significant loss of quality. Mobile phone technology has enhanced the rapid transmission of ECG data for opinion. However smartphone photographs are not suitable for formal reporting and should be interpreted with caution.

Whenever practicable, paediatric ECGs should be reported by paediatric cardiologists.