

NEW ECG FORM

<u>Var</u>	<u>Label</u>	<u>Explanation</u>
1	FORM	<u>21 = NEW ECG</u>
2	COMP ID	<u>Computer ID</u>
3	SITE	<u>Clinical site</u>
4/5/6	MONTH/DAY/YEAR DATE19	<u>Date ECG was done.</u>
7	HTRATE HTRATE19	<u>Heart rate</u>
8	QRS1 } QRS119 QRS2 } QRS219 QRS3 } QRS319	<u>Q waves</u> 1. Q wave and QRS abnormality codes for the leads I, aVL and V6. For these and other Q and QRS codes the Minnesota code leading digit, digit 1, is dropped and the 2nd and the 3rd digits are filled into these two boxes. 2. Q codes for leads II, III, and aVF. Again the leading digit 1 is dropped. 3. Q codes for leads V1 - V5. The leading digit is dropped.
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11	STD1 } STD119 STD2 } STD219 STD3 } STD319	<u>ST segment depression</u> This is Minnesota code 4-1-1 through 4-4 (4-4-0) with the leading 4 dropped 1. for leads I, aVL and V6 2. for leads II, III, and a VF 3. for leads V1 through V5
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14	TW1 } TW119 TW2 } TW219 TW3 } TW319	<u>T wave codes</u> Category 5 of the Minnesota code. Drop the 5 and enter digits 1,2,3, or 4 in Col 31 when it applies to leads I, aVL, or V6, in Col 32 when it applies to leads II, III or aVF, and Col 33 when it applies to V1 through V5.
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17	STE1 } STE119 STE2 } STE219 STE3 } STE319	<u>ST segment elevation</u> These codes are only 9-2-1 or 9-2-2. In this case the first two leading numbers are dropped, that is, 9-2 are dropped, leaving only the choice of digits 1 or 2 to apply for lead groups I, aVL or V6 in Col 34, in leads II, III or aVF in Col 35 and in V1 through V5 in Col 36.
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<u>Var</u>	<u>Label</u>	<u>Explanation</u>
20	AX AX19	<u>QRS Axis</u> This is section 2 of the Minnesota code. The leading 2 is dropped leaving choices of 1 through 5 to be entered, depending on the category of axis.
21	RW RW19	<u>R wave</u> This refers to high amplitude R waves of Minnesota code, section 3-1 through 3-4. The leading 3 is dropped and digits 1 through 4 are selected.
22	AVC AVC19	<u>AV. - CD</u> AV conduction defect of the Minnesota code category 6-1 through 6-8. The leading 6 is dropped and a single digit 1 through 8 is selected.
23	VC VC19	<u>V. CD.</u> Ventricular Conduction defect category 7 of the Minnesota code. The leading 7 is dropped and digits 1 through 6 are selected for this box.
24 25	ARR1 } ARR119 ARR2 } ARR219	<u>Arrhythmias</u> Arrhythmias, category 8 of the Minnesota code. These two boxes correspond to two possible codings; the leading 8 is dropped and the most abnormal arrhythmia code is identified among 1-9 of the choices. This most severe (the lowest number) code is selected and put in the first box. If in addition to that, there is another codable arrhythmia, that is selected and put in the second box. If there is no arrhythmia, 0's are entered in both boxes. If there is only one arrhythmia, it is entered in the first box and a 0 put in the second. Since 8-1 is subdivided into 8-1-1, 8-1-2, and 8-1-3, 0's are added to 8-2 (8-2-0) through 8-9 (8-9-0).

<u>Var</u>	<u>Label</u>	<u>Explanation</u>
26 27	MISC1 } MISC119 MISC2 } MISC219	<p><u>Miscellaneous</u></p> <p>Miscellaneous items at rest of the Minnesota code, category 9. In this case Col 45 carries a single digit with the 9 being dropped and leaving possibilities 1, 3, 4, 5 or 6 (the 9-2-1 and the 9-2-2 are treated elsewhere). The single most abnormal or lowest numbered miscellaneous item is selected and entered in Col 45. If there is another miscellaneous item codable, it is selected and put in Col 46. Only the second most abnormal miscellaneous item can be entered. Any other possible miscellaneous items must be neglected. If only one miscellaneous item is codable, it is entered in Col 45 and 0 is put in Col 46. If no miscellaneous items are present, both 45 and 46 are entered with 0's.</p>
28 29	MI } MI19 LOCATN } LOCATN19	<p><u>Myocardial Infarction</u></p> <p>These relate to the additional coding of a myocardial infarction and it is utilized always if Q waves were coded in Col 25 through 30 and are never used if no Q wave codes are entered in Col 25 through 30. Col 47 indicates whether the possible infarction is (1) acute, (2) unresolved, (3) healed. One of these is selected on the basis of the characteristic of the ST and T waves and entered. Col 48 indicates the best estimation of location among the choices 1 through 9: (1) inferior, (2) anterior septal, (3) lateral, (6) anterior inferior, (7) lateral inferior, (8) lateral anterior and (9) posterior or dorsal.</p>
30	TQUAL TQUAL19	<p><u>Technical Quality</u></p> <p>Enter 1 if the technical quality is satisfactory. Enter 2 if the technical quality is unsatisfactory.</p>
31	NORMAL NORMAL19	<p><u>Normal/Abnormal</u></p> <p>1 is entered if no abnormal entry has been put in any of the boxes. However, if any abnormal entry has been entered before or in any of the succeeding Cols. through Col 59, then digit 2 is entered.</p>

<u>Var</u>	<u>Label</u>	<u>Explanation</u>
32	ECG ECG19	A 1 is entered here for resting ECG
33	ADJUD ADJUD19	<u>Adjudication</u> A 1, 2 or 3 can be entered. A 1 if no adjudication has been carried out, a 2 if there is adjudication and a change made as a result, and a 3 if there is adjudication and no change was made as a result.
34	PVCS PVCS19	<u>2 PVC's</u> 1 or 2 are possible entries; a 1 indicates that there were not 2 PVC's in a row present, a 2 if there were. This box is not used to indicate the number of single PVC's which might be present.
35	PRVCS RPVCS19	<u>R on T PVC's</u> 1 or 2 are the possible entries. A 1 indicates no such phenomenon, a 2 indicates that a PVC has occurred beginning before the preceding T wave has ended.
36	ESTES1 ESTES119	<u>Estes Criteria for Left Ventricular Hypertrophy</u> Amplitude of R Wave Entry R wave measurement 0 0 None of the following 1 Largest R or S in Limb leads $\geq 20\text{mm}$ 3 2 Largest S in V1, 2 or 3 $\geq 25\text{mm}$ 3 3 Largest R in V4, 5 or 6 $\geq 25\text{mm}$
37	ESTES2 ESTES219	<u>ST Segments</u> Entry ST Configuration 0 Normal 1 ST shift in vectoral direction opposite from mean QRS vector, in the absence of digitalis. (When used both ST code and T code, 4- and 5- codes, must be entered appropriately.) 2 Same as 1 above, except patient known to be receiving digitalis.

<u>Var</u>	<u>Label</u>		<u>Explanation</u>
38	ESTES3		QRS Axis
	ESTES319	Points	Entry
		0	0
		2	1
			QRS Axis Not "1" QRS frontal axis more left - superior than -15°
39	ESTES4		QRS Duration
	ESTES419	Points	Box Entry
		0	0
		1	1 2
			Measurement None of the following QRS duration ≥ 0.09 sec. Intrinsicoid deflection in V5 or 6 $\geq .04$ sec.
40	ESCORE	ESCORE19	<u>Estes Score</u>
			Add the point values for the entries ESTES1 through ESTES 4 and enter sum. A score ≥ 5 ... definite LVH 4 probable LVH 0-3 ... not LVH
41	DIG	DIG19	<u>Digitalis</u>
			1 - no 2 - yes
42	QLIMB	QLIMB19	<u>Q-Limb</u>
			Number of Limb leads with codable QS patterns and Q patterns, when Q $\geq .03$ sec.
43	QCHEST	QCHEST19	<u>Q-Chest</u>
			Number of Chest leads with codable QS patterns and Q patterns, when Q $\geq .03$ sec.
44	PRINT	PRINT19	<u>PR Interval</u>
			This is the interval in 100ths of a second from the beginning of the P wave to the beginning of the QRS complex.
45	QRS DUR	QRS DUR19	<u>QRS Duration</u>
			This is the interval in 100ths of a second from the beginning of the QRS complex to the end of the QRS complex.
46	CALIB	CALIB19	<u>Calibration</u>
			Scale of tracing.

<u>Var</u>	<u>Label</u>	<u>Explanation</u>
47	ECGLOG <i>ECGLOG19</i>	<u>ECG Log</u> A 1 if a log, a 0 if a complete form.
48/49/50	LOGMO/LOGDY/LOGYR	<u>Date of ECG Log</u> Date ECG was sent to CEL Lab. Date will be 0's when the completed form replaces the log.
<i>DVLOG19</i>		
51	ID	<u>Site ID</u>