

Frequently Asked Questions (FAQs)

1) Do you need to physically measure QTc?

- a. Yes, you do for now. There are some initiatives going on with the manufacturer regarding automatic measurement and also some new research emerging using AI to predict risk from QT prolongation.
- b. You may also be aware that if you are in doubt even with automated measurement you may need to manually calculate in some instances.

2) What is advised if the ECG looks abnormal?

- a. First check if the patient has any cardiac symptoms. If in doubt seek opinion like how you would do when you have done a 12 lead ECG (routine practice).
- b. One extra positive point because the ECG is available as PDF this can be emailed to colleagues for opinion without having the scan/fax the paper copy (which is what we do currently).

3) When is it appropriate to use the Alivecor 6L ECG?

- a. Specifically for QT measurement before initiating or as part of monitoring of antipsychotic medication.

4) Does the patient need to prepare anything? Download an app etc?

- a. NO. No preparation needed.

5) Does the App cost anything?

- a. Not for the current use. There are some other features but they are not needed for our clinical purposes.
- b. So if you get a prompt to upgrade the package or make payment please do not do it and if in doubt speak to your clinical lead.

6) What happens if there is an update?

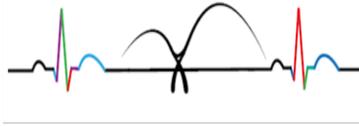
- a. Software updates automatically happen like any other app.
- b. The device does not need any hardware calibration.

7) Where should the device be stored?

- a. Usually in your team base.

8) Are there any concerns regarding digital safety or information governance?

- a. No.
- b. Every trust will have a digital safety department. This device has been scrutinised by our trust digital transformation team and there are no concerns as long as it is used as described in our user guidance.
- c. Except the electronic patient record number (which is unique) please do not add any other information.



9) How long does the battery life last?

- a. The manufacturer advises change of battery annually even though the battery can last up to 2 years.

10) Do you have any practical advice/tips if there is a struggle collecting the ECG reading?

- a. If the patient is wearing tight jeans / trousers and you cannot roll it up we can use couple of drops of water in the knee area to create contact to the skin with the sensor. This also helps on the skin if needed.
- b. If there is a lot of interference using the heel of the palm rather than fingers on the electrode improves the contact area (will demonstrate in the video).

11) Does this replace the 12L ECG device?

- a. It does NOT replace the 12 lead ECG.
- b. However, for the purpose of QT screening this device is approved by FDA and CE.
- c. This device has also been used by other NHS organisations for Atrial Fibrillation screening and monitoring across the country.

12) Is the quality of the ECG reading / QTc interval adequate?

- a. You get a very good quality of ECG tracing from this device (demonstrate some sample ECGs).
- b. When in doubt the gold standard is to self-calculate QTc.
- c. ECG reading has been validated in scientific studies.

13) Can other abnormalities be diagnosed using the Alivecor 6L device? Heart attacks etc.

- a. Specifically, this is not approved to make a diagnosis of MI but please correlate clinically and if the patient is symptomatic use clinical judgment and supervision for appropriate and safe course of action this ECG device should not be used in such manner to exclude cardiac emergency.

14) Are there any other uses of the Alivecor 6L ECG alongside QTc measurement?

- a. Can be used to diagnose atrial fibrillation (automatically the device detects AF).
- b. The device gives you the pulse rate tachycardia, bradycardia.