

ECG Findings in Inpatient Admissions at Passmores House

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AIMS AND HYPOTHESIS

The aim of the ECG Audit was to determine how effectively the ECG System had been integrated into everyday admission practice and whether it had identified abnormalities that have/would have otherwise been missed during patient admission.

BACKGROUND

Passmores House is a WDP-run inpatient detoxification and rehabilitation unit based in Harlow, Essex. The unit supports individuals with complex needs detoxing from a variety of substances. Passmores House introduced Broomwell Healthwatch's ECG System in 2016 and all patients receive an ECG on admission. There is currently no CQC guidance mandating ECGs be used for inpatient detoxification, however WDP recognises that cardiac conditions undetected by community treatment services may exist and could affect the treatment outcomes for service users in detoxification. There are several known cardiac complications of substance misuse and this patient group may not always seek help from their GP's.

METHODS

60 case files were audited. Of these 60, there were two patients who had not had an ECG completed. A total of 58 client files including an ECG were therefore audited. Of these, 51 clients were admitted for alcohol detox, 4 for opiate detox, 2 for GBL detox and 1 for a benzodiazepine detox.

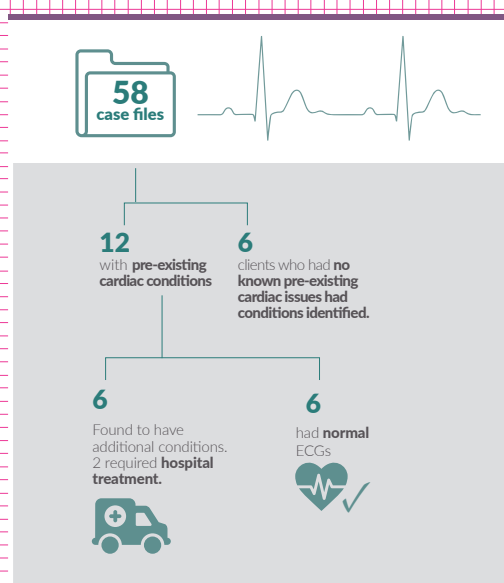
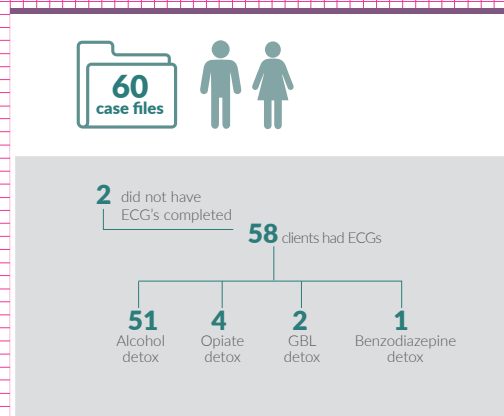
RESULTS

12 clients had known pre-existing cardiac or cardiovascular pathologies, history of CVA type events, electrolyte abnormalities that could impact cardiac functioning, and/or a history of hypertension and chest pain. Exclusions included sinus tachycardia and bradycardia.

Of these, 6 clients had a normal ECG reading and a further 6 who had known conditions also had conditions such as hyponatremia, minor QTc interval prolongation, conduction delays and old myocardial infarctions detected by the ECG. The ECG's for two of these patients identified that hospital treatment was required.

In addition, there were 6 clients who had no known pre-existing cardiac issues but upon admission conditions such as left and right axis deviations and hemiblocks, ST-T abnormalities, left atrial hypertrophy and systolic murmurs were detected.

This audit also identified an area of **good practice** with all abnormal ECGs being actioned and discussed with relevant parties.



CONCLUSION

The use of ECGs within an inpatient detoxification unit is **beneficial in monitoring pre-existing conditions and identifying conditions that may not have been previously detected** within the community. If some of these conditions had remained undetected they could have seriously complicated treatment, increased morbidity and potentially led to service user death.