

# **Committed to the Beat: Nurses Involvement in the Community to Prevent Athlete Sudden Cardiac Death**



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Jill Tahmooressi RN-BC, MBA, BSN, NCSN Nursing Director Ambulatory Services Miami Children's Hospital

Sheree Mundy MSN, BSc, ARNP Clinical Staff Nurse, Nurse Supervisor Urgent Care Services. Miramar Outpatient Center, Miami Children's Hospital

Clinical Staff Nurse, Nurse Supervisor Urgent Care Services, Palmetto Bay Outpatient Center, Miami Children's Hospital

# Problem

Sports-related sudden cardiac death (SCD) is widely reported in the media. Proper screening is necessary for the early detection of potentially lethal cardiovascular disease with the goal of SCD risk reduction through subsequent medical management. The goal of cardiovascular screening is to maximize athlete safety. This includes the detection of underlying cardiac disease associated with SCD. EKG improves the ability to detect many of the diseases associated with SCD. The National Football League, Major League Baseball, National Basketball Association, Major League Soccer, and National Hockey League endorse cardiovascular screening by ECG. (Asif et al, 2013).

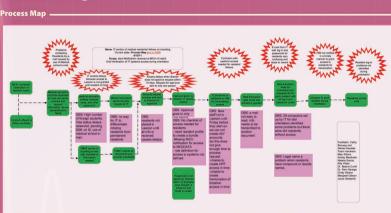
# **Population**

For many years, cardiologists thought that SCD was a relatively rare occurrence among young people. Recent research indicates it is actually the leading cause of death among young athletes. Investigators from the University of Washington found that one in 43,770 National Collegiate Athletic Association (NCAA) athletes suffered a sudden cardiac death each year from 2004 to 2008. The study also found that black athletes had a higher rate of SCD than white athletes and the risk was higher in males than in females. The highest rates of SCD occurred in basketball, swimming, lacrosse, football and cross-country track. Their conclusion is that SCD is the leading medical cause of death and death during exercise in NCAA student-athletes. (Harmon, K., et al, 2011)

#### Community EKG in Action



#### **Practice Change**



# Screening Availability\_

abnormalities that may result in sudden cardiac death

Miami Children's Hospital's 7 Outpatient Centers are located in



#### Marketing



## **Documentation Establishment**



# Outcomes



### Results

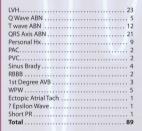
- · 6 Pts have been identified through our screening as having WPW Syndrome
- · 5 have undergone curative ablations in the cardiac catheterization lab

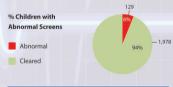
#### What is Wolff-Parkinson-White Syndrome (WPW)?

WPW syndrome patients have an extra electrical pathway between the atria and the ventricles, known as an accessory pathway. The abnormal pathway directly connects the atria and ventricles and bypasses the AV node. As a result, the normal sinus impulse can travel down the normal pathway through the AV node, as well as the more rapidly conducting accessory pathway. This allows the impulse traveling through the accessory pathway to reach the ventricle earlier, causing what is termed "preexcitation," (Link, et al. 2012)

In WPW, the accessory pathway is typically present at birth. Some children with WPW begin having symptoms shortly after birth or in early childhood. Others may never have symptoms or develop them later in childhood or early adolescence.

#### MCH Screenings Requiring Follow Up





To date, thousands of screens have been performed with the potential of six lives saved; student athletes who were oblivious to their silent killer co-morbidity. No child should die from a preventable cause and Miami Children's Hospital Out-patient nurses are committed to this mission.

#### **Conclusion and Recommendation for Practice**

If the ECG screening detects a possible problem, a cardiologist may recommend other diagnostic tests to get a better understanding of the athlete's heart. SCD is often related to congenital heart conditions, such as abnormal chambers or valves, or to an abnormal thickening of the heart muscle, a coronary artery problem or an inflammation of the heart muscle caused by a viral infection. All positive screens are recommended to have a cardiologist referral as coordinated by the athlete's primary care physician (medical home).