Prevent Sudden Cardiac Death

By:

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Three steps to protect your family

- Early Warning Signs
- Recognize Sudden Cardiac Arrest
- CPR

Early Warning Signs

- Fainting
- Chest pain or Shortness of breath
- Family member death before age 50
- Family member who have been diagnosed with a condition
- Seizure

Recognize Sudden Cardiac Arrest

- Respond Quickly
- Send for help
- •CPR

CPR

- Save lives by circulation blood to the brain and other virtual organs
- Call 911 or ask someone to call 911 and get AED
- Push hard and fast in the center of the chest.
- Kneel at the victim's side
- Place your hands on the lower half of the breastbone and one on top of the other.
- Elbows straight and locked
- Push down 2 inches
- A rate of 100 times/minute
- AED: helps to lead you step by step the process

Introduction

- •Why are we here?
- What is Sudden Cardiac Death (SCD)?
- Causes
- Prevention
- Recognition and actions

Why are we here?

- SB 60- Jeremy Nelson and Nick Blakely Sudden Cardiac Arrest Prevention Act
- •March, 2019
- Informational meeting about symptoms and warning signs

What is Sudden Cardiac Death (SCD)

- Leading cause of death in young athletes
- Rare, previously healthy athlete dies suddenly

Causes

- Structural Abnormalities
- Electrical Abnormalities
- Trauma
- Infectious

Various Mechanisms

- Heart to beat out of control, called ventricular fibrillation (Vfib).
- Leads to the inability of the heart to pump blood the brain, lungs, and the heart causing hypoxic injury(lack of oxygen delivery)
- Ischemic injury (lack of blood flow)
- Death

Structural Abnormalities

- Hypertrophic Cardiomyopathy (HCM)
- Coronary Artery Abnormalities
- Marfan Syndrome

Hypertrophic Cardiomyopathy (HCM)

- Inheritied condition, family member before age 50
- Heart muscle walls are thickened
- Flow of blood from the heart Ski
- Heart's electrical system
- Ventricular Fibrillation (Vfib)
- Cardiac arrest
- Shortness of breath
- Chest pain
- Syncope (dizziness)
- Skilled physician in cardiac auscultation may detect a murmur.

Coronary Artery Abnormalities

- Arteries that supply the heart muscle are connected abnormally
- Compressed during exercise
- Not provide adequate blood flow to the heart muscle.
- Vfib
- Cardiac arrest
- History of chest pain or syncope with exercise

Marfan Syndrome

- Family history
- Abnormal collhigh agen in the aorta may lead to rupture with exercise
- Tall
- Slender
- Long arms
- Legs
- Fingers
- Abornmal breastbone
- High arched palate
- Extreme nearsightedness
- Curved spine
- Flat feet

Electrical Abnormalities

- Wolff-Parkinson-White syndrome
- Long QT Syndrome

Wolff-Parkinson-White Syndrome

- Extra electrical pathway in the heart causes rapid heartbeat leading to Vfib.
- Born with the condition and can cause chest pain, syncope and shortness of breath

Long QT Syndrome

- Inherited rhythm disorder causing fast
- Chaotic heartbeats often causing fainting
- Vfib
- Immersion into cold water as in swimming and diving
- History of drowining or near drowing in family member

Trauma

Commotio Cordis

Commotio Cordis

- Blunt trauma to the chest from a projectile(contact sports)
- Cardiac electric cycle
- Vfib
- Compliant with chest wall

Infection

Myocarditis

Myocarditis

- Inflammation of the heart muscle usually from a virus
- Inflamed heart muscle can't tolerate the stress of strenuous exercise
- Vfib
- Viral illness (cold, flu symptoms), fever, or exercise intolerance
- Athletes with fever or recent febrile illness should not exercise until they are symptom-free and have completed a gradual return to exercise program

Prevention Strategies

- Primary prevention: recognize chest pain, shortness of breath or syncope with exercise.
- Fainting suddenly
- Chest pain or shortness of breath often due to asthma or being "out of shape"
- Sudden death in a family member before age 50
- Drowning or near-drowing in a family member could indicate Long QT
- Family history of know cardiac disorder, Marfan Syndrome or electrical abnormalities of the heart

Prevention Strategies

- Get a yearly physical examination by your primary care physician. Usually a pediatrician
- History and physical exam by a skilled physician is the primary screening tool in preventing SCD
- Primary physician have skilled in cardiac auscultation
- Previous health records unable to update immunizations
- Family history may not be reviewed by parents and possibly miss important family historic that may be causes of SCD

Recognition and Actions

- Recognize SCD, whether you see them collapse or not, you must assume SCD as a possible cause
- Act quickly
- Call for help
- Be trained and certified in CPR
- AED as early as possible and know how to use it.
- Every minute is critical
- Emergency action plan (EAP)
- Personal assignments
- Equipment location and accessibility
- Working phone

Summary

- Get pre-participation physical done by pediatrician 6 weeks before season starts
- Be familiar with family history with warning signs and symptoms
- Recognize warning signs
- CPR certified and AED trained
- Know where AED is