

# AUGUST — ♥ — HEART

The mission of AugustHeart is to provide free heart screenings to teenagers to identify selected heart abnormalities in an effort to reduce the risk of sudden cardiac death.

**PLEASE NOTE:** Screenings are available to students **aged 13-18**. Students **MUST** have a signed consent waiver with them (on the back side of this flyer) the day of physicals. **This screening *NOT* a clearance for participation in sports.**



Scan for more information  
about AugustHeart Screenings.

## WHAT WE DO

Abnormalities of the heart can potentially cause sudden cardiac death, and some of these conditions can be detected with electrocardiogram (ECG) and/or echocardiogram (ECHO) screening. An AugustHeart screening is a small window into the health and wellbeing of your heart. Our recommendation is screening twice during adolescence.

## WHY SCREEN?

- ♥ 1 in 300 teens have a heart abnormality that increases the risk of sudden cardiac arrest (SCA).
- ♥ SCA happens without warning, instantly stopping the flow of blood to the body. Only 8% of SCA victims survive.
- ♥ An estimated 23,000 youth are affected by SCA each year in the United States.
- ♥ Conditions that cause SCA are NOT detectable by a stethoscope, and ECGs are not typically performed as part of a routine physical exam.

## THE HEART SCREENING

The AugustHeart screening includes a 12-lead ECG (measures the electrical activity in the heart) for all students. If necessary, a limited ECHO (ultrasound picture of the heart) may be done on-site or may be scheduled through the school at a later date. All data collected related to the heart screen is interpreted (normal or abnormal) by a board-certified cardiologist. Any student with an abnormal screen will be referred for a more thorough evaluation by a cardiologist. Our goal with these tests is to identify potentially silent conditions that have been linked to an increased risk of sudden cardiac death.

## WHAT WE SCREEN FOR

- ♥ **Hypertrophic Cardiomyopathy:** This is a problem of the heart muscle where the bottom chambers (or ventricles) are too thick. The risk of this condition has been reported to be as frequent as 1 in 500 individuals. While most of these cases are caused by high blood pressure, a genetic problem of the heart can also cause this and can lead to serious arrhythmias and/or heart failure.
- ♥ **Dilated Cardiomyopathy:** This is a problem where the heart muscle is too large and does not squeeze like it is supposed to. There are many causes of this problem, including viral infections, toxic exposures, and genetic problems. The risk of this condition is estimated to be 1 in 2,000 individuals.
- ♥ **Aortic Root Aneurysm:** This is a problem of an abnormal enlargement of the main artery that arises from the heart and is responsible for delivering oxygenated blood to the body. The cause of this condition is either due to an abnormal aortic valve or due to a genetic problem. The risk of this condition is estimated to be 1 in 10,000 individuals. A screen for this heart condition is only performed if an echocardiogram (ultrasound of the heart) was performed.
- ♥ **Long QT syndrome:** This is a problem of the electricity of the heart that is caused by an issue with how the heart muscle handles essential elements like sodium and potassium. Children with this condition can suddenly develop unstable heart rhythms. Most cases are caused by a genetic problem, though some are caused by certain medications. The risk is as high as 1 in 5,000 individuals.
- ♥ **Wolff-Parkinson-White (WPW) syndrome:** This is a problem of the electricity of the heart that is caused by an abnormal connection between the top and bottom pumping chambers. This condition can cause very fast heartbeats and rarely an unstable heart rhythm. The risk of this condition has been reported to be as frequent as 1 in 1,500 individuals. WPW is a congenital disorder of the heart.
- ♥ **Additional Conditions based on International Criteria:** In 2017, experts in the areas of cardiology and sports medicine from around the world identified features on a screening electrocardiogram that they felt potentially increased the risk of a sudden cardiac event in athletes. Some of those features are found in the conditions noted above and are well established as significant issues. Others, such as arrhythmias of the top (atrial) or bottom (ventricular) of the heart may be associated with risk (or may be of no significant concern). Formal evaluation by a cardiologist is needed to make this determination.

Contact AugustHeart for questions concerning future events or to request screening records.

210-267-277

[info@augustheart.org](mailto:info@augustheart.org)

RELEASE WAIVER

AugustHeart Heart Screening



AGREEMENT TO PARTICIPATE IN HEART SCREENING

THIS IS NOT A CLEARANCE FOR PARTICIPATION IN SPORTS.

PLEASE PRINT

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Male [ ] Female
Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_
School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_
Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_

AugustHeart is offering a free heart screening for students to identify selected heart abnormalities in an effort to minimize the risk of sudden cardiac death. Many abnormalities of the heart can potentially cause sudden cardiac death and some of them can be detected by using electrocardiogram and/or echocardiogram. However, these screenings do not always detect cardiovascular abnormalities when present and not all potentially fatal heart abnormalities can be detected by this screening.

The AugustHeart Heart Screening will include a modified Electrocardiogram (12-lead ECG – measures the electrical activity in the heart), and if necessary, a limited Echocardiogram (ultrasound picture of the heart). Medical personnel will provide an assessment of the data (normal or abnormal). All data collected related to the heart screen will be reviewed by a board certified pediatric or adult cardiologist to ensure accuracy. Any student with an abnormal screen may be offered the opportunity to undergo a more thorough evaluation so a plan for care can be established. The identity of the screening participant and information obtained in the screening program will remain confidential and available only to AugustHeart, the physicians directly working with AugustHeart, and school/athletic staff. AugustHeart may provide screening results to medical professionals/offices in the event that a referral is made.

The ongoing COVID-19 pandemic has raised a new concern regarding sports participation after a history of infection. While a screening electrocardiogram and/or echocardiogram may be beneficial in identifying individuals with heart complications of the COVID-19 infection, these studies may not be sufficiently sensitive to identify cardiac damage. AugustHeart therefore supports the recent American Academy of Pediatrics recommendations for return to sports participation which include an evaluation by the individual’s primary care provider and review of the American Heart Association 14-element screening evaluation. Additional information regarding these recommendations is available at www.aap.org and www.heart.org.

Participant Consent: I acknowledge that I have read the above agreement and understand its contents. I agree to be a voluntary participant in this heart screening and request technologists, technical assistants, cardiologists, and other health care providers to administer, interpret and communicate the results of my ECG screening and ECHO procedure. I understand that these procedures may involve the use of cardiac imaging technology and electrical detection technology. I understand that no warranty or guarantee has been made to me as to the results or accuracy of the ECG screening and ECHO procedure. I understand that this screening may not be sufficient for diagnosis purposes and that an additional procedure(s) might be required in the event of an abnormal finding on the ECG screening and/or ECHO procedure. I also understand that upon further evaluation a suspected abnormal finding on the initial screening may or may not confirm that there is truly an abnormality present. I give permission to AugustHeart and medical personnel to release information obtained in connection with the screening to my school nurse/athletic staff, medical professionals related to referral appointments and as otherwise set forth above. I understand that AugustHeart may provide de-identified screening data to a third party for research purposes. I understand that AugustHeart will not disclose my identity to any third party without my consent. I further agree to hold AugustHeart, all physicians, technicians, volunteers, and all other persons, entities, individuals, and organizations harmless and waive all subrogation rights against AugustHeart and their physicians, officers and volunteers as respects process and results of this free heart screening.

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parental/Guardian Consent for Participants under the Age of 18: As parent/guardian of the above minor participant, I acknowledge that I have read the above agreement to participate and understand its contents. Any questions have been answered to my satisfaction. I agree to all of the terms of the above Consent on behalf of my minor participant. Further, I grant permission for my child to participate in this cardiovascular screening. To respect the privacy of each participant, I understand no parent/guardian will be allowed in the screening area. I give permission to AugustHeart and medical personnel to release information obtained in connection with the screening to the school nurse/athletic staff, medical professionals related to referral appointments and as otherwise set forth above. I understand that AugustHeart may provide de-identified screening data to a third party for research purposes. I understand AugustHeart will not disclose my child’s identity to any third party without my consent.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

www.AugustHeart.org

This screening is a small window into your health and the well-being of your heart today. This screening is not a clearance for participation in sports.

Our recommendation is for screening twice during adolescence.

To request records, contact AugustHeart (210) 267-2771 or info@augustheart.org.