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Hydrochloroquine cardiomyopathy: An insight into a rare disease

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Hydroxy Chloro Quine (HCQ) is an antimalarial drug that has been used for treatment of connective tissue disorders. Unlike other agents, Hydroxychloroquine has gained popularity because of its relatively safe profile and less toxic side effects. Hydroxychloroquine cardiotoxicity is a rare disease but a potentially fatal heart condition. To date, no clear guidelines or protocols exist to monitor patients for development of the cardiac side effect of HCQ. In this brief review we will focus on Hydroxychloroquine Cardiotoxicity, its clinical presentation, diagnosis, potential risk factors that are predisposing to the cardiomyopathy and variables that affect the outcome of this rare form of cardiomyopathy.

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The ECG on the ward: Cultivating better note making

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This is a Quality Improvement Project (QIP) that has been performed as a result of the perceived lack of documentation that appears on ECGs performed on the ward. 17 ECGs were analysed at random. They were checked to see if there was an assessment of what the ECG showed, an action planned based on this and whether or not the clinician was identifiable. A clinician was identifiable in 17%, an assessment in 41% and an action plan in 35%. An ECG stamp in table format combined with an effective education strategy could help to overcome this lack of documentation. An ECG stamp in table format combined with an effective education strategy could help to overcome this lack of documentation. This QIP aims to establish current levels of ECG documentation and depending upon the outcome, to improve the quality of this documentation. There is no audit standard at present, but there are precedents in this field and the author has carried out similar multi-cycle audits in 2 other hospitals. Given that documentation is so important, the analysing clinician, the time seen, the assessment and an action plan should be written on 100% of ECGs and consideration of introducing a standard. This audit confirms that the quality of ECG notation is poor at the moment. Whilst an assessment of the ECG was present in 41%, a clear written instruction of how to proceed was not. This has clear implications in the early detection of ischaemic chest pain. If this is not clearly written, there is no record of it having been requested and consequently no defence should there be a critical incident or at worst a medico-legal enquiry. Equally, if the time that the ECG was viewed was not recorded, then information gathering is reliant on memory or hearsay which has, of course, never been rated as particularly reliable. The culture of 'signature signing' is also problematic.

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