

Investigations required for abnormal ECG observations

1=Cardiologist review, 2=Exercise ECG 3=24hr Holter ECG, 4=Echocardiogram

Diagnosis	Class 1		Flow Charts and guidance available (Class 1/2)	Class 2			
	Fitness assessment	minimum Investigations; others if clinically indicated		Fitness assessment*	minimum Investigations others if clinically indicated		
Rhythm							
Incomplete RBBB	AME	Investigate if other abnormalities present	No	AME	Investigate if other abnormalities present		
Atrial Fibrillation Atrial Flutter	AMS	1,2,3,4	Yes		Investigate if other abnormalities present		
Sinoatrial dysfunction or Sinus Pauses			No				
Mobitz type 2 AV block			No				
Complete RBBB			Yes				
Complete LBBB (Or RBBB+Left Axis deviation)			Yes				
Broad/narrow complex tachycardia			No				
Pacemakers			Yes				
Mobitz type 1 AV block			1,3			No	1,3
SVEs/VEs Simple			1,3 Then possibly 2,4			Yes	1,2,3,4
SVEs/VEs Complex			1,2,3,4			Yes	
WPW						Yes	
Other inc AVNRT etc						Yes	
Asymptomatic QT prolongation						No	
Brugada Pattern				Yes			
Post ablation	Yes						
Coronary disease							
Pathological Q waves T inversion Q waves Poor R wave progression	AMS	1,2,3,4	Yes	AME	1,2,3,4		
Cardiomyopathy							
LVH, atrial enlargement, Flat or inverted T waves,	AMS	1,2,3,4	No	AME	1,2,3,4,		
Miscellaneous – new finding of...							
Non-specific T wave changes	AMS	1,2	No	AME	1,2		
New or progressive Left axis deviation							
ST segment sag							
ST segment depression		1,3	Yes		1,2		
First degree AV block (>240ms)							
Bradycardia (rate < 40 bpm)							
Tachycardia (rate > 100 bpm)							
Asymptomatic Long QT	1,2,3						

* where there is guidance material and/or certificatory flow charts and assessment is straightforward, AMEs should make the fitness decision. For complex and/or borderline cases the AME should discuss the case with the Medical Assessment Team (MAT). Review of reports/investigations coordinated by the AME may be required for MAT review.