

AUGUST HEART

THE MISSION OF AUGUST HEART IS TO PROVIDE FREE HEART SCREENINGS TO TEENAGERS TO IDENTIFY SELECTED HEART ABNORMALITIES IN AN EFFORT TO REDUCE THE RISK OF SUDDEN CARDIAC DEATH

Disclaimer: This screening will **ONLY** be available to students **Entering** Grades 9-12. Students **MUST** have a signed consent waiver with them (on the back side of this flyer) the day of physicals. Contact AugustHeart.org for questions concerning future events.

WHAT WE DO

Abnormalities of the heart can potentially cause sudden cardiac death and some of can be prevented through detection with electrocardiogram and/or echocardiogram screening. An AugustHeart screening is a small window into the health and well being of your heart and is not a clearance for participation in sports. Our recommendation is for two screenings during adolescence.

THE HEART SCREENING

The AugustHeart screening includes a modified electrocardiogram (12-lead ECG – measures the electrical activity in the heart), and if necessary a limited echocardiogram (2-dimensional ECHO - ultrasound picture of the heart). All data collected related to the heart screen is interpreted (normal or abnormal) by a board certified pediatric or adult cardiologist. 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. Our goal with these tests is to identify potentially silent conditions that have been linked to an increased risk of sudden cardiac death.

TOGETHER WE CAN DO SO MUCH

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An ECG is used to diagnose Wolff-Parkinson-White (WPW) syndrome and long QT syndrome. An ECG and ECHO are used to diagnose hypertrophic cardiomyopathy and dilated cardiomyopathy. For those who have an at-risk body size, an ECHO can also be used to diagnose aortic root enlargement.

WHAT WE SCREEN FOR

HYPERTROPHIC CARDIOMYOPATHY: This heart problem is associated with bottom chambers (or ventricles) walls that are too thick. 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 condition is due to an enlarged chamber of the heart that decreases the heart's ability to pump blood. There are many causes of this problem, including viral infections, toxic exposures, and genetic problems.

AORTIC ROOT ANEURYSM: This condition occurs from abnormal enlargement of the main artery of the heart, which is responsible for delivering oxygenated blood to the body. This abnormality can create a leaky pathway—causing backflow—or may impose other serious complications. This condition occurs as a result of either an abnormal aortic valve or can be linked to genetics.

LONG QT SYNDROME: Long QT occurs from poor absorption of sodium and potassium in the heart. Children with this condition can suddenly develop unstable heart rhythms that can be fatal. Most cases are caused by a genetic problem, but some cases can occur from side-effects of prescription medications.

WOLFF-PARKINSON-WHITE (WPW) SYNDROME: This congenital defect involves extra electrical pathways of the heart that connect the top and bottom pumping chambers. This condition can cause very fast heartbeats and may result in complications. WPW Syndrome is usually discovered in patients during their teens or 20's.





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: ____/____/____	<input type="checkbox"/> Male	<input type="checkbox"/> 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 (2-dimensional ECHO - 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.

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 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 athletic staff and as otherwise set forth above. 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. I give permission to AugustHeart and medical personnel to release information obtained in connection with the screening to my school athletic staff and as otherwise set forth above. 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

AugustHeart screenings are offered free of charge.
AugustHeart (210) 841-9207 or info@augustheart.org