## Cardiac Risk Assessment in Youth

## Making Sudden Cardiac Arrest Prevention Part of Your Practice

A Free Online CME Presented by John Rogers, M.D. and the Eric Paredes Save A Life Foundation

Register Online at iph.sdsu.edu

Training provided by University of California, Irvine—Office of Continuing Education and San Diego State University Institute of Public Health

**CME Accreditation:** The University of California, Irvine School of Medicine designates this enduring material for a maximum of 2 AMA PRA Category 1 Credit.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Nursing Credits Granted By The Institute For Public Health:** Provider approved by the California Board of Registered Nursing, Provider Number CEP17194, for 2 contact hours.

Studies show cardiac consideration is an often overlooked area of assessment for youth and student athletes alike, with practitioners and parents largely unfamiliar with warning signs and risk factors that require follow up. As new guidelines recommend youth who've had COVID-19 exposure, symptoms or a diagnosis to get a comprehensive cardiac evaluation, now more than ever it's critical to incorporate evidence-based diagnostic protocol into your practice. Join this in-depth discussion to make sure you're prepared.

## **Course Outline:**

- Incidence, Mortality, Disparities, Etiology
- Prevention
  - Recognition of warning signs and symptoms
  - Tools and processes to assess risk
  - Family history solicitation
  - Physical exam
  - Diagnostic follow up
- Screening and follow up with family members after SCD
- Championing prevention

For bibliography and references see course resources.



**About The Presenter** Dr. Rogers, a cardiovascular disease and electrophysiology specialist at Scripps Health in San Diego for nearly three decades, is passionate about SCA prevention in youth. He has been the volunteer Medical Director of the Eric Paredes Save A Life Foundation for ten years, facilitating free heart screenings for nearly 33,000 adolescents and counting, finding 500+ with previously undiagnosed cardiac abnormalities.





UP TO 49% of SCA victims had significant family history

**UP TO 60%** 

of SCA preceded by symptoms did not consider a cardiac diagnosis

of SCA is preceded by unrecognized symptoms

undetected heart condition that puts them at risk