

Fact Sheet for Coaches, Student Athletes, & Parents



This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

Why do heart conditions that put student athletes at risk go undetected?

While a student athlete may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active student athletes
 Fainting is often mistakenly attributed to stress, heat, or lack of food or water
 Student athletes experiencing symptoms regularly don't recognize them as unusual— it's their normal
 Symptoms are not shared with an adult because student athletes are embarrassed they can't keep up
- Student athletes mistakenly think they're out of shape and just need to train harder Students (or their parents) don't want to jeopardize playing time Students ignore symptoms thinking they'll just go away Adults assume students are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
 Families don't know or don't report heart health history or warning signs to their medical practitioner
 Well-child exams and sports physicals do not check for conditions that can put student athletes at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Parents Protect Your Player's Heart

Educate yourself about sudden cardiac arrest, talk with your child about warning signs, and create a culture of prevention.

- Know the warning signs
- Document your family's heart health history as some conditions may be inherited.
- If symptoms/risk factors arise, ask your doctor for follow-up hearth/genetic testing.
- Don't just "check the box" on health history forms ask your child how they feel.
- Take a cardiac risk assessment with your child each season
- Encourage your child to speak up if any of the symptoms are present.
- Check in with your coach to see if they've noticed any warning signs.
- Active players should be shaping up, not breaking down.
- As a parent on the sidelines, know the cardiac chain of survival.
- Help fund an onsite AED if one is now available.

What happens if a player has warning signs or risk factors?

- State law requires student athletes who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Inform parents to ask their health care provider for diagnostic or genetic testing to rule out a possible heart condition.
 Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.
- Players should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow providers instructions for recommended activity limitations until testing is complete.

What if my child/player is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and players can return to normal activity.

What is Sudden Cardiac Arrest? Sudden Cardiac

Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

Factors that increase the Risk of SCA

- > Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- > Family members with known unexplained fainting, seizures, drowning or near drowning or car accidents
- Family members with known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Players need to tell their coach/parents and consult with their doctor if these conditions are present

POTENTIAL INDICATORS THAT SCA MAY OCCUR

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- ☐ Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- ☐ Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Cardiac Chain of Survival

Their life depends on your quick action! CPR can triple the chance of survival. Start immediately and use the onsite AED, if available.

CALL PUSH SHOCK



Call 911 to get help on the way; dispatcher can

guide you

Start CPR immediately by pushing hard & fast on the center of the chest

follow prompts to restart

the heart