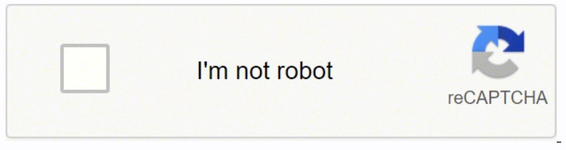

Continue

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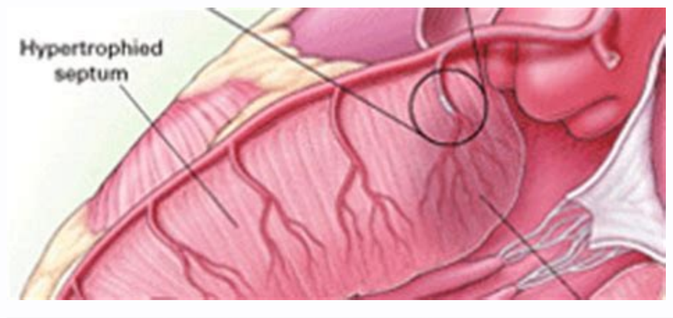
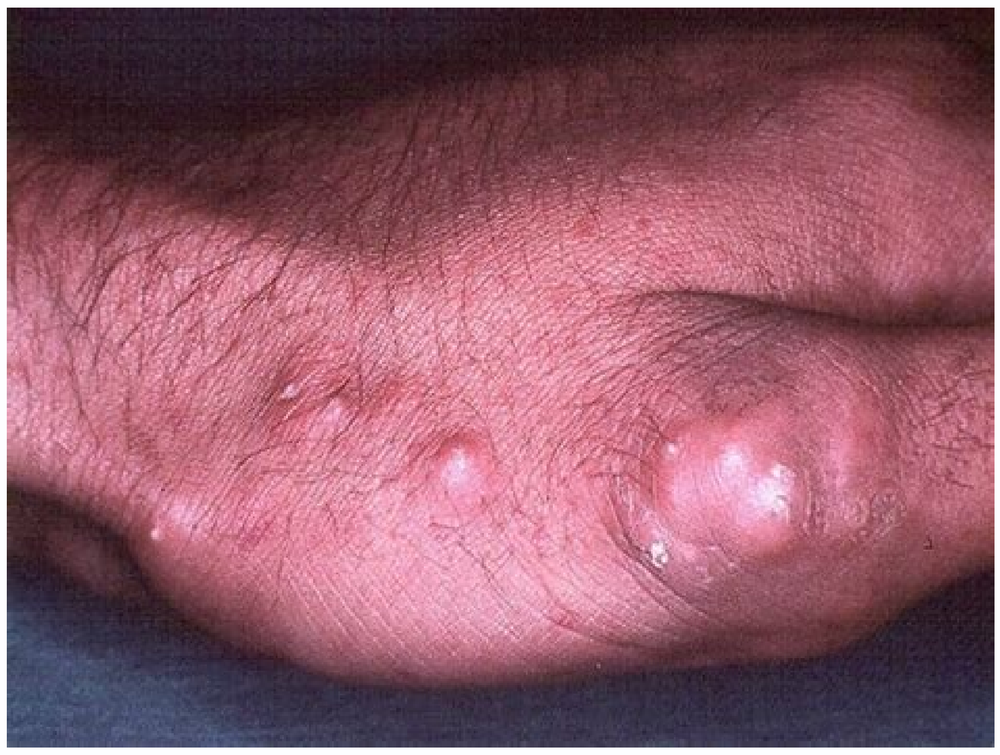
Inherited cardiac conditions guidelines





CARDIAC ARREST

assess rhythm

ventricular fibrillation or tachycardia	asystole or severe bradycardia	pulseless electrical activity
DC shock (3 attempts)	pace (if wires available)	

start basic life support

amiodarone 300mg via central venous line	consider external pacing	if paced, turn off pacing to exclude underlying VF

prepare for emergency resternotomy

continue CPR with single DC shock every 2 minutes until resternotomy	continue CPR until resternotomy	continue CPR until resternotomy

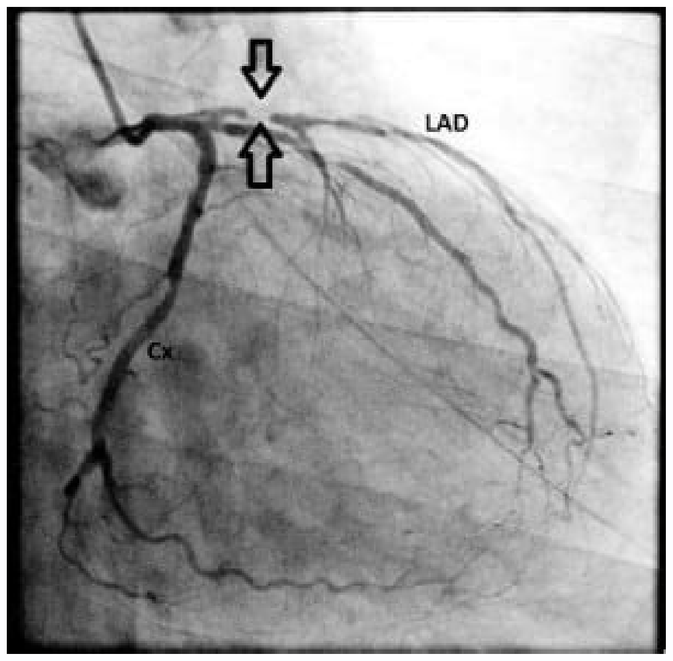
airway and ventilation

- If ventilated turn FiO_2 to 100% and switch off PEEP.
- Change to bag/valve with 100% O_2, verify ET tube position and cuff inflation and listen for breath sounds bilaterally to exclude a pneumothorax or hemothorax.
- If tension pneumothorax suspected, immediately place large bore cannula in the 2nd rib space anterior mid-clavicular line.

DO NOT GIVE EPINEPHRINE unless a senior doctor advises this.

If an IABP is in place change to pressure trigger.

Do not delay basic life support for defibrillation or pacing for more than one minute.



Can heart conditions be genetic. What reading meets the criteria for risk of coronary heart disease. Can you inherit heart problems. Can heart conditions be hereditary.

First of all, the risk of complications is usually linked to the type and gravity of the phenotype. Some of these variants can be studied in the family but for research purposes. The main cause of sudden cardiac death of elderly individuals with coronary heart risk factors is ischemic heart disease, while ICVDS are frequent causes of sudden death in those of age less than 35 years (both athletes and non-lines) .7.8 In years, various consensus documents and clinical guidelines have been published worldwide on the diagnosis and treatment of cardiomyopathies, changeelopaches and various aortic diseases with genetic origins. Currently, due to the development of massive sequencing technical (sequencing of the next generation [NGS]), hundreds of genes can be studied rapidly and reasonably priced, and also the entire genome (or the coding region, known as Exome). This analysis can be performed if the causal mutation of the family has already been identified, as long as the mutation has a clearly demonstrated pathogenicity, if disabilities are expected, or if there is a high risk of early death or there are not Effective treatments available. Other medical fields, such as oncology, have extensive experience with psychological support programs. In other European countries, such as the United Kingdom, 35.36 patient associations carry out a commendable job in support, monitoring, training (for example, in basic cardiopulmonary resuscitation techniques) and educate these patients. So many genes can be studied, the main problem with NGS is that it can be difficult to evaluate the pathogenicity of multiple variants.21s of the recent guidelines and consensus documents on ICVD already confer genetic studies with the highest levels of recommendation (Table 2) ICVD student studies have an utility And it can be applied directly to facilitate reproductive / professional consultation and plan the follow-up of families. Ã ¢ â,¬ "When." When. Treat a person with inherited cardiovascular diseases, we don't just evaluate the patient, but also the family ". As families are studied, coordination with pediatric cardiology units is vital.2. They have a genetic base and currently can be diagnosed Using genetic techniques. In addition to its value without a doubt as a summary document of the current state of ICVD management, this work aimed at helping homogenize the process of care of these patients in Spain, which will improve undoubtedly the quality of the Healthcare / 0069, RD12 / 0042/0069, RD12 / 0042/0021, RD12 / 0042/0021 RD12 / 0042/0066) and the European Regional Development Fund (ERDF, A Manera de Hacer Europa) .CAMBLIED OF INTERESTENONE STATED. Although no n All ICVD causal mutations have been identified, the percentage of identified mutations has increased in recent years, reaching over 50% for some cardiomyopathies and channelopache, such as hypertrophic cardiomyopathy (HCM), Arithhmogenic cardiomyopathy and long Qt syndrome (table 1) .3. It can cause a sudden cardiac death, sometimes like the first presentation of the disease. 2021 May 10; 23 (1): 52. The term inherited cardiovascular disease includes a group of cardiovascular diseases (cardiomiopathies, changeelopache, some aortic diseases and other syndromes) with a number of common features: they have a genetic basis, a family presentation, a heterogeneous clinical course , And finally, it can be associated with a sudden cardiac death.

Therefore, Vuss cannot confirm the diagnosis or used in the family study. Finally, some basic recommendations have been highlighted (table To be used as jumping points for further understanding and processing these diseases. History of the family (family (family Or pedigree) A family tree, a family tree or a medical pedigree is a graphic representation of medical history and family of a family. DOI: 10.1186 / S12968-021-00746-Z. 2021. These Ã ¢ â,¬ Å "Overlaapping phenotypes" may be due to mutations in different regions of the same gene having different effects, but another possibility is that the disease is the same, even if it shows a different phenotype. Recommendation IV: When it comes patients with ICVD cardiac diseases caused by a phenocopy they should be specifically excluded, since these conditions usually have a different clinical course and treatment.Interpretation of genetic studies, the following are considered 25: 1.Classification By frequency: A.Polimorphism: involves a change in the nucleotide sequence that is also found in the greeting general population (in at least 0.5% -1.0%). B.Rate variants: variations found in a very low percentage of the population General Healthy (