



(19) **United States**

(12) **Patent Application Publication**

**Rowlandson**

(10) **Pub. No.: US 2002/0042579 A1**

(43) **Pub. Date: Apr. 11, 2002**

(54) **METHOD AND APPARATUS FOR PERIOPERATIVE ASSESSMENT OF CARDIOVASCULAR RISK**

**Publication Classification**

(51) **Int. Cl.<sup>7</sup>** ..... **A61B 5/0452**  
(52) **U.S. Cl.** ..... **600/515**

(76) **Inventor: G. Ian Rowlandson, Milwaukee, WI (US)**

(57) **ABSTRACT**

A method and apparatus for providing real-time support in interpreting a patient's ECG in order to assess the probability of perioperative cardiovascular risk associated with performing a non-cardiac surgery. The apparatus includes an acquisition unit for acquiring an ECG and a processor for determining whether the ECG has diagnostic statements of risk. From the diagnostic statements of risk, the processor determines the probability of cardiovascular risk associated with the non-cardiac surgery. The probability of cardiovascular risk is displayed on display in the form of an indicator of either major, intermediate, or minor cardiovascular risk.

Correspondence Address:

**Thomas A. Miller**  
**Michael Best & Friedrich LLP**  
**100 East Wisconsin Avenue**  
**Milwaukee, WI 53202-4108 (US)**

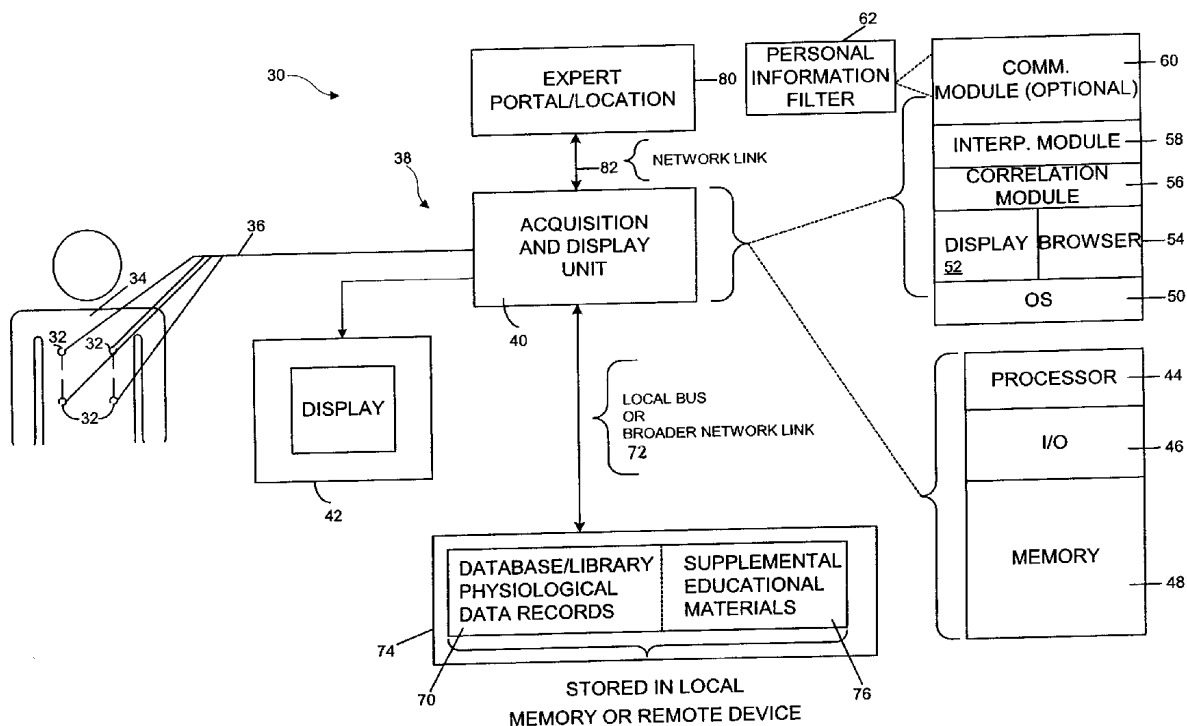
The method includes acquiring a patient's ECG, determining whether the ECG exhibits diagnostic statements of cardiovascular risk, and determining the probability of cardiovascular risk based on the diagnostic statements, and displaying the determined probability of cardiovascular risk.

(21) **Appl. No.: 09/752,081**

(22) **Filed: Dec. 29, 2000**

**Related U.S. Application Data**

(63) Continuation-in-part of application No. 09/684,064, filed on Oct. 6, 2000.



*Fig. 1*  
10

BP: 160/95

66kg

JOHN DOE

07:39:36  
Male

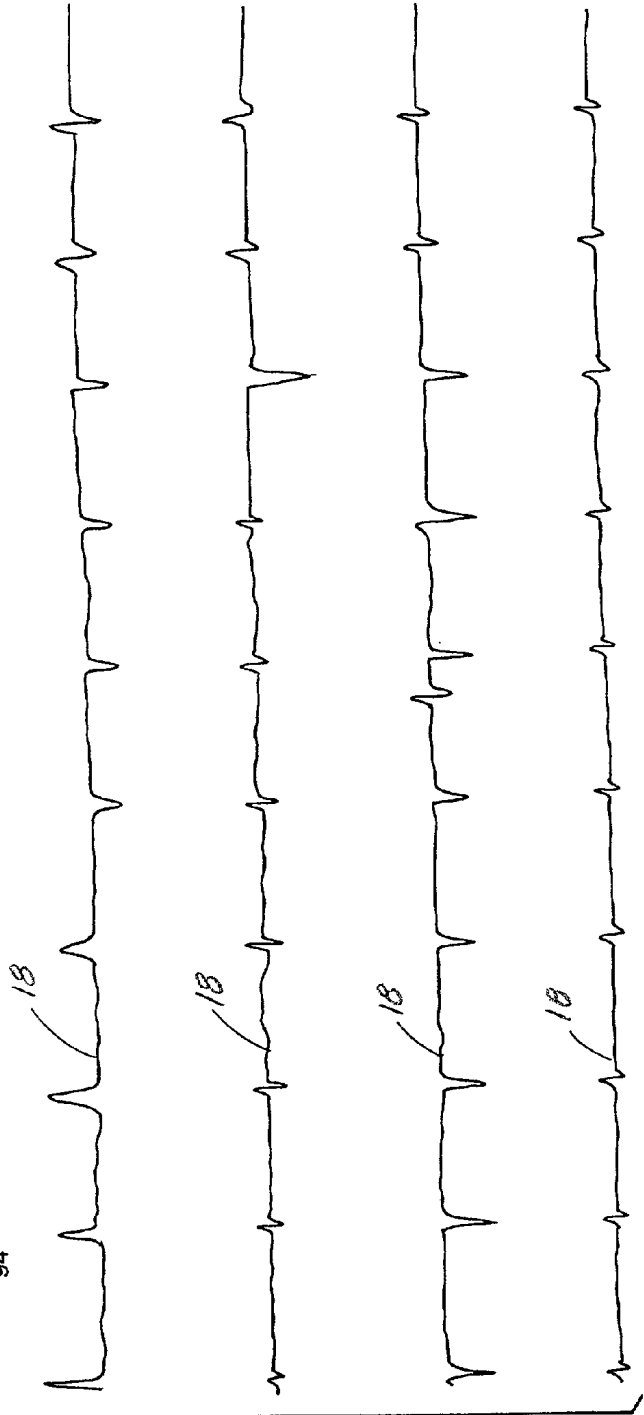
04/23/1992  
56 years

Dx: Chest pain chief complaint  
 - ACI-TIPI PREDICTED PROBABILITY OF ACUTE CARDIAC ISCHEMIA - 42%, based on:  
 --- Patient is male, age greater than 50  
 --- Patient has chief complaint of chest pain/discomfort or left arm pain  
 --- No significant Q waves or primary ST segment abnormalities detected  
 --- Anterior T waves flat or slightly inverted in two or more of leads V1 -V4  
 - ACI-TIPI PROBABILITY MAY ASSIST PHYSICIAN TRIAGE JUDGEMENT (1.0111 5.1100 9.0050)

Rate 58  
 PR 158  
 QRSD 91  
 QT 415  
 Qtc 408

-- AXIS --  
 P 28  
 QRS -37  
 94

Reason Statements



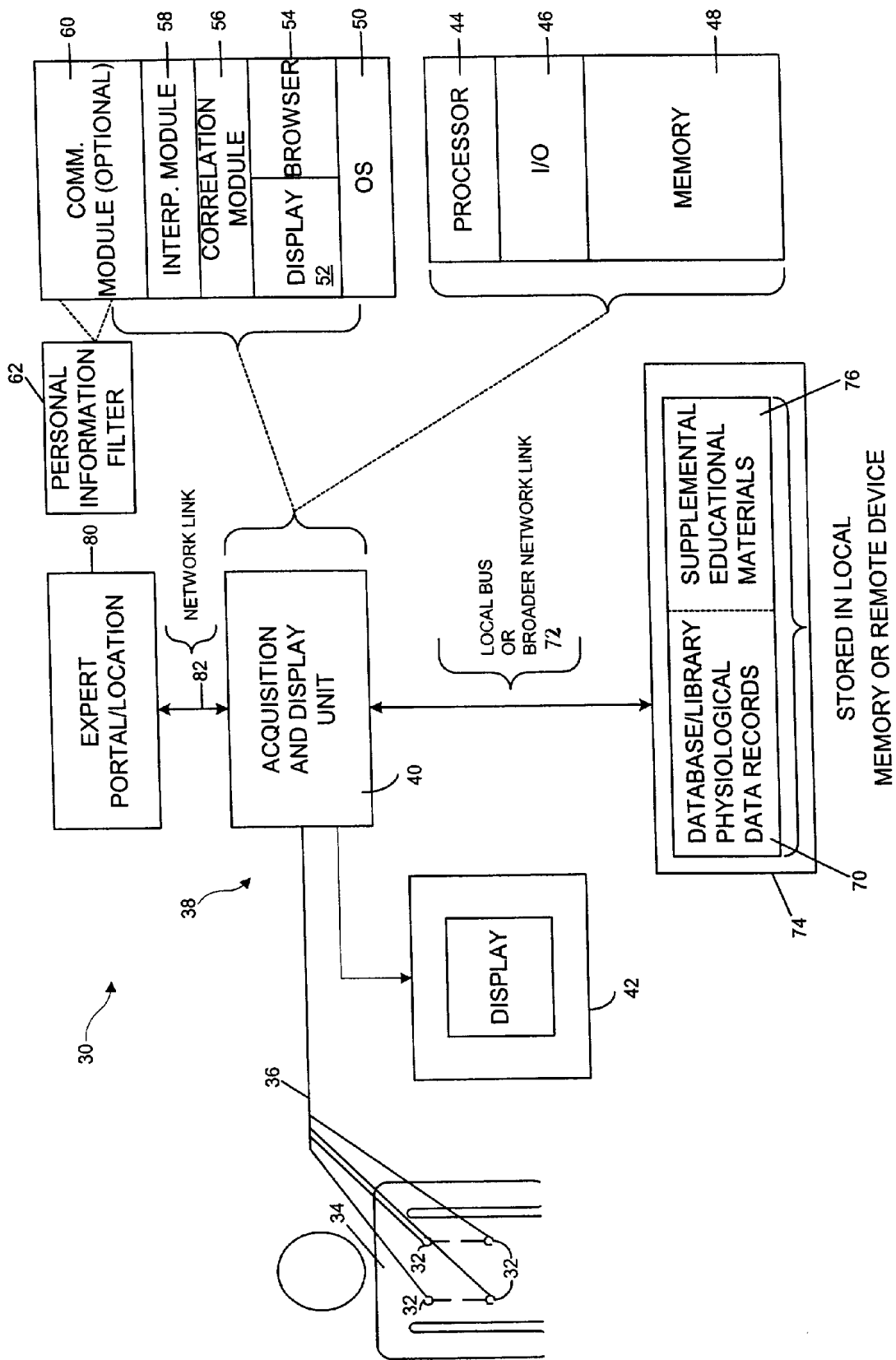
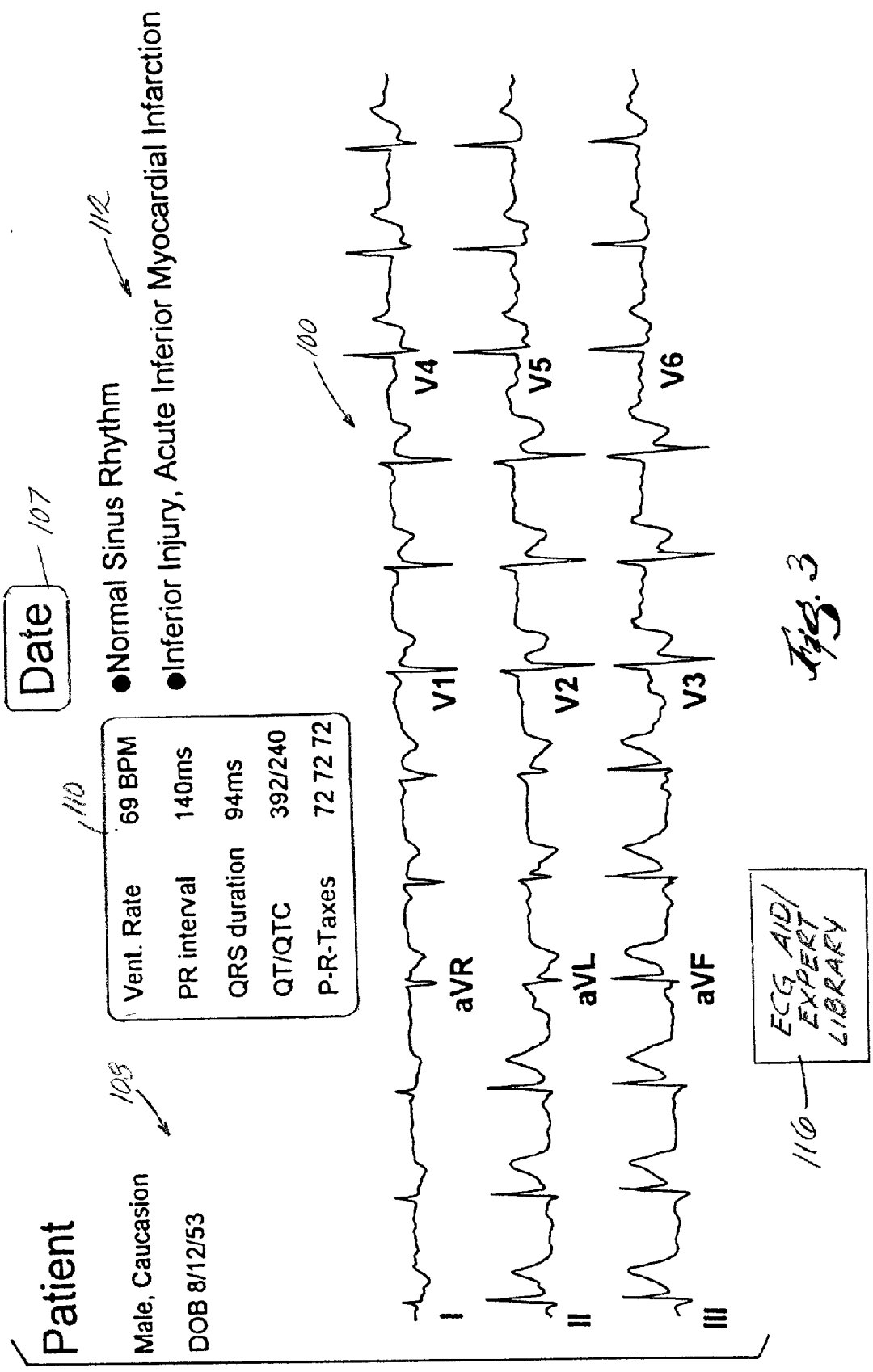
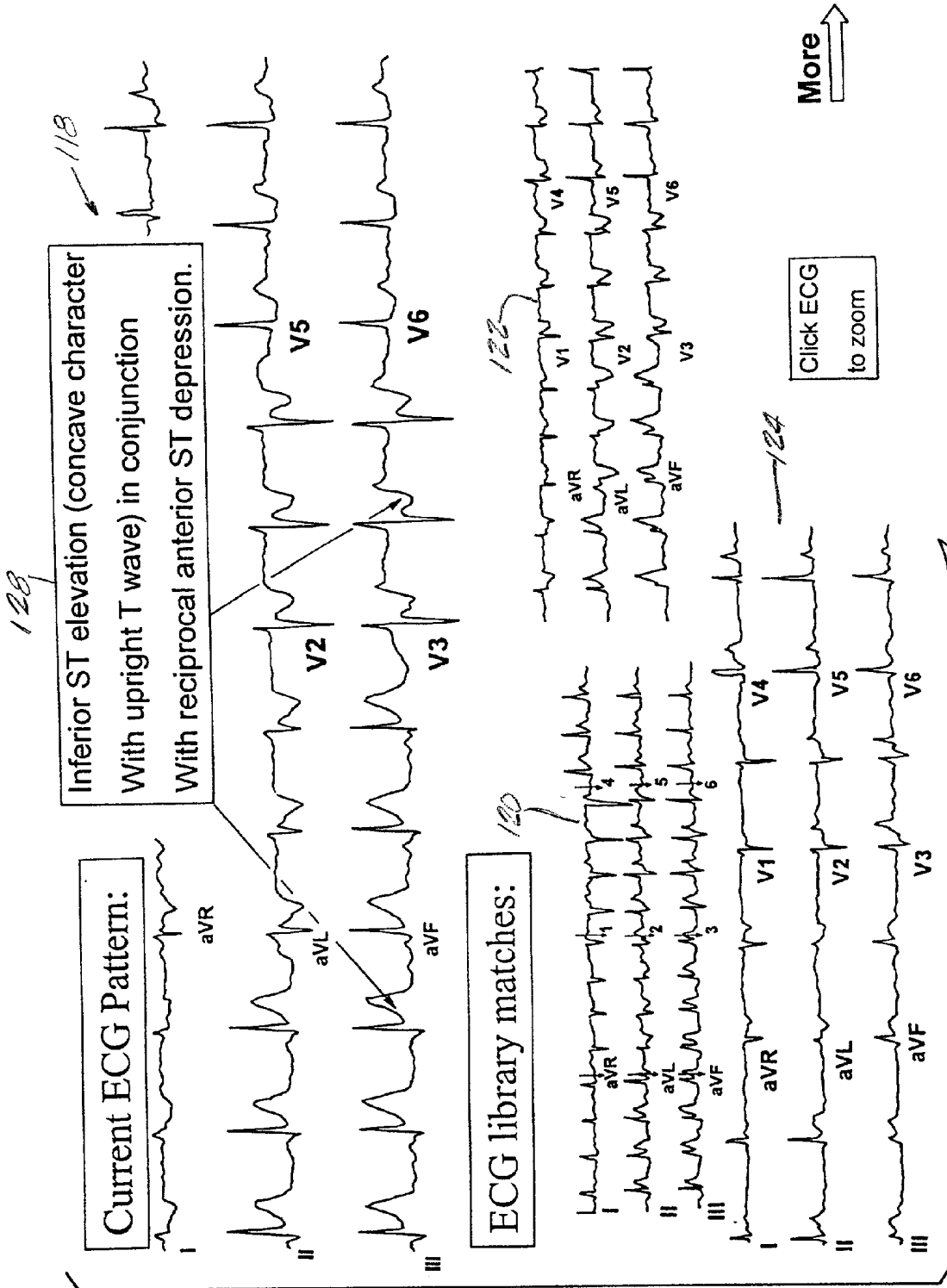
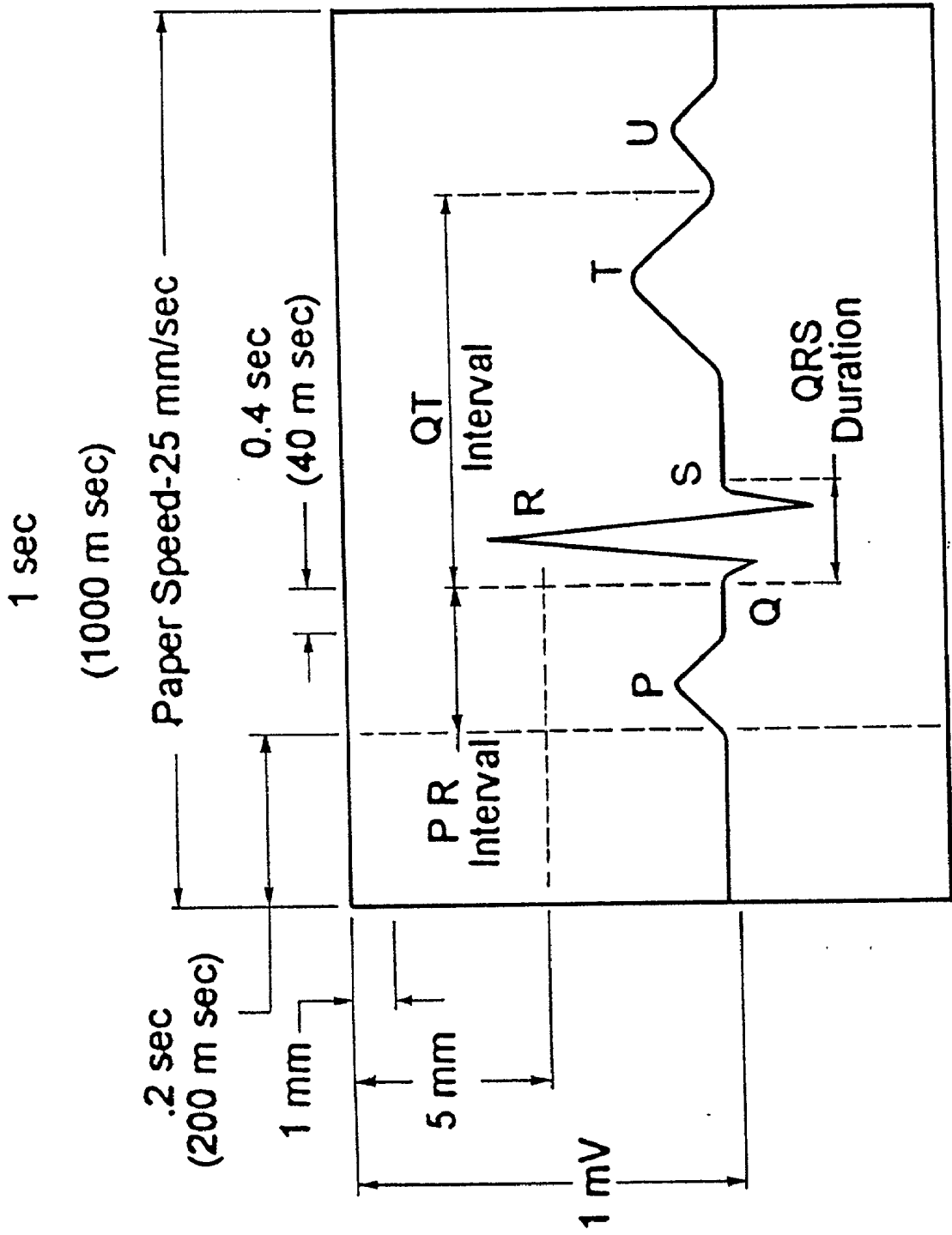


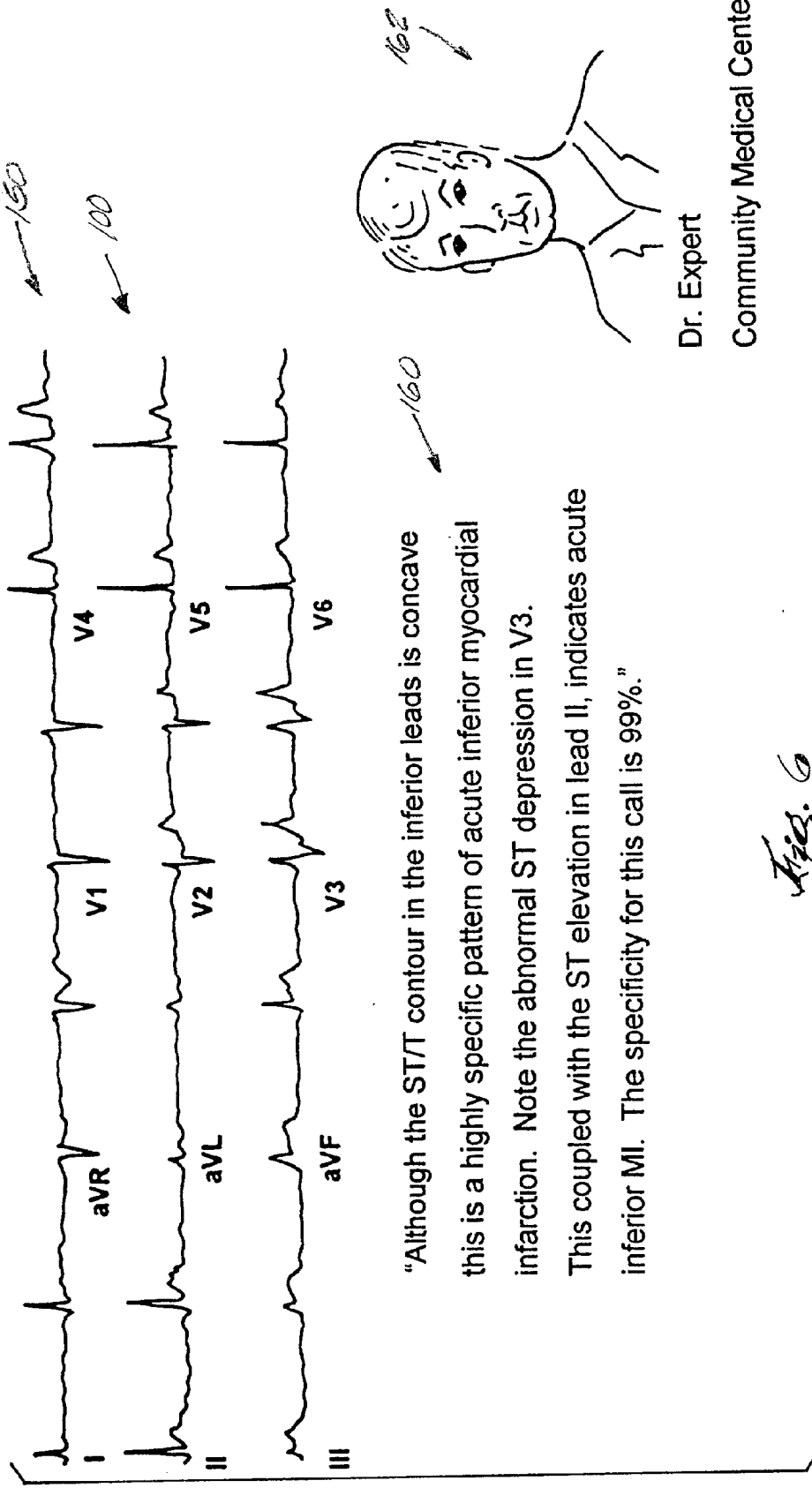
FIG. 2



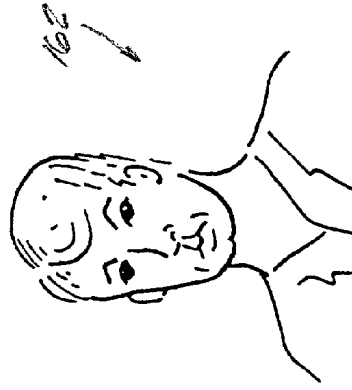


*Fig. 5*





“Although the ST/T contour in the inferior leads is concave this is a highly specific pattern of acute inferior myocardial infarction. Note the abnormal ST depression in V3. This coupled with the ST elevation in lead II, indicates acute inferior MI. The specificity for this call is 99%.”



Dr. Expert  
Community Medical Center

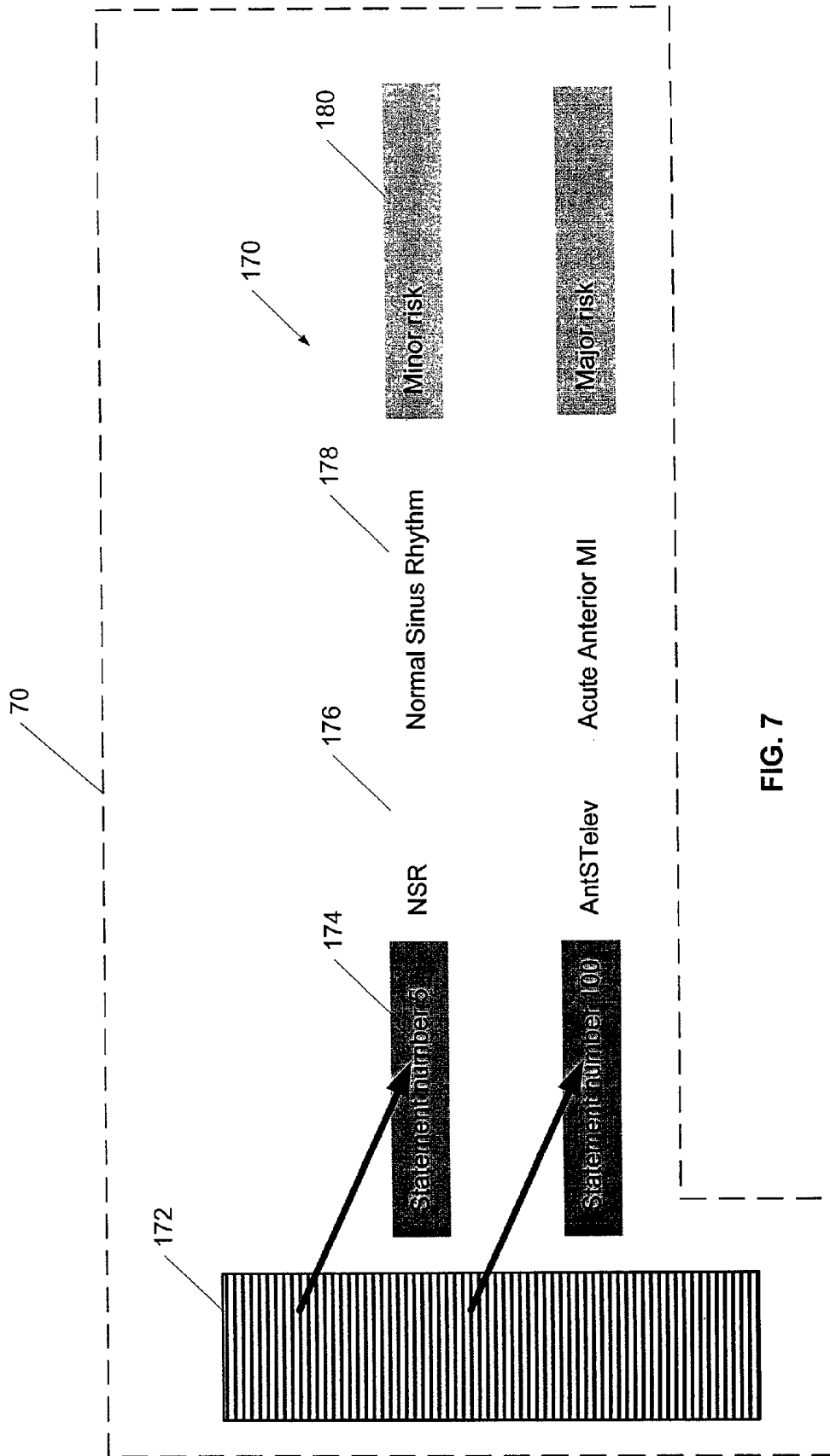


FIG. 7

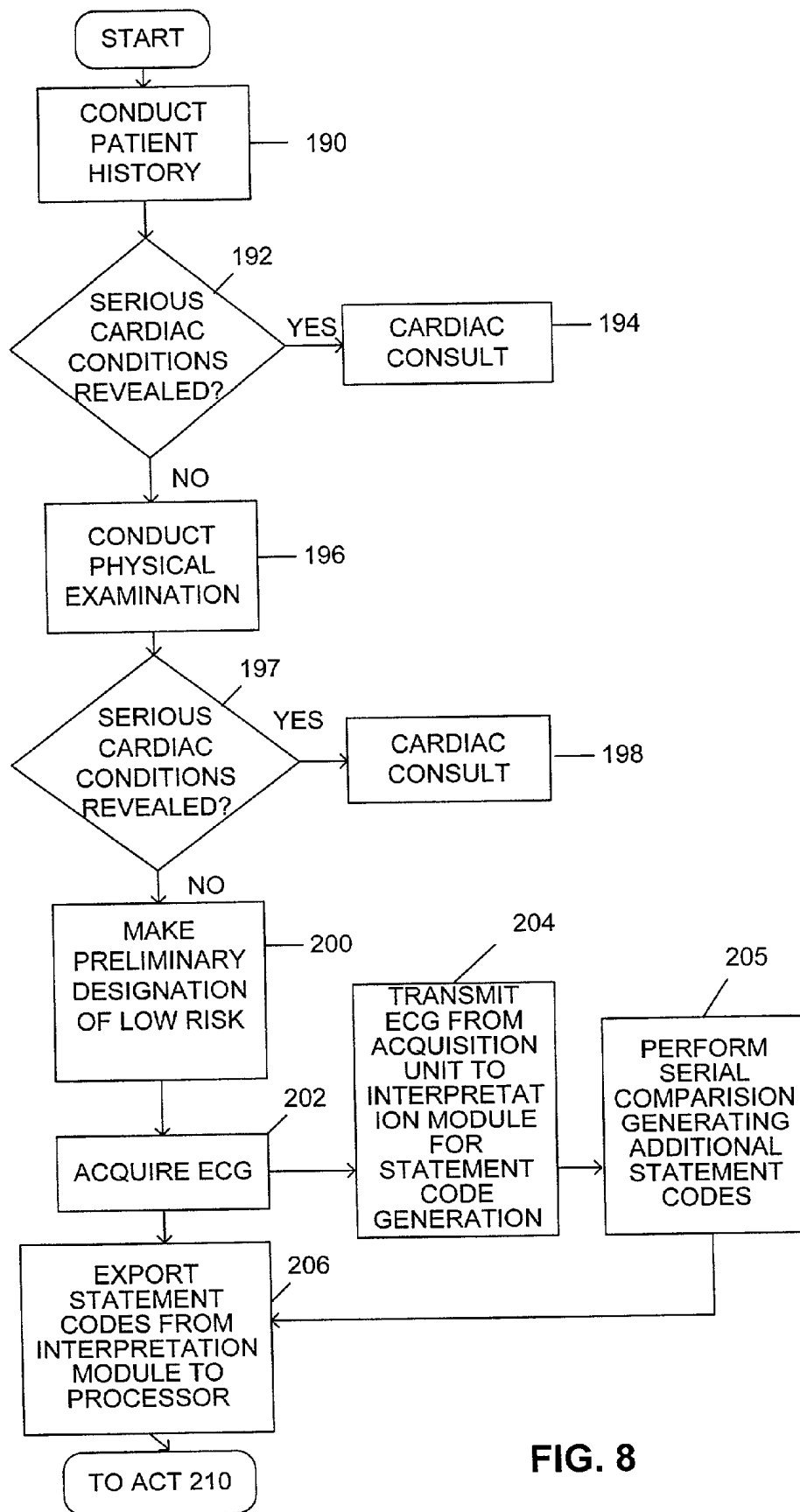


FIG. 8

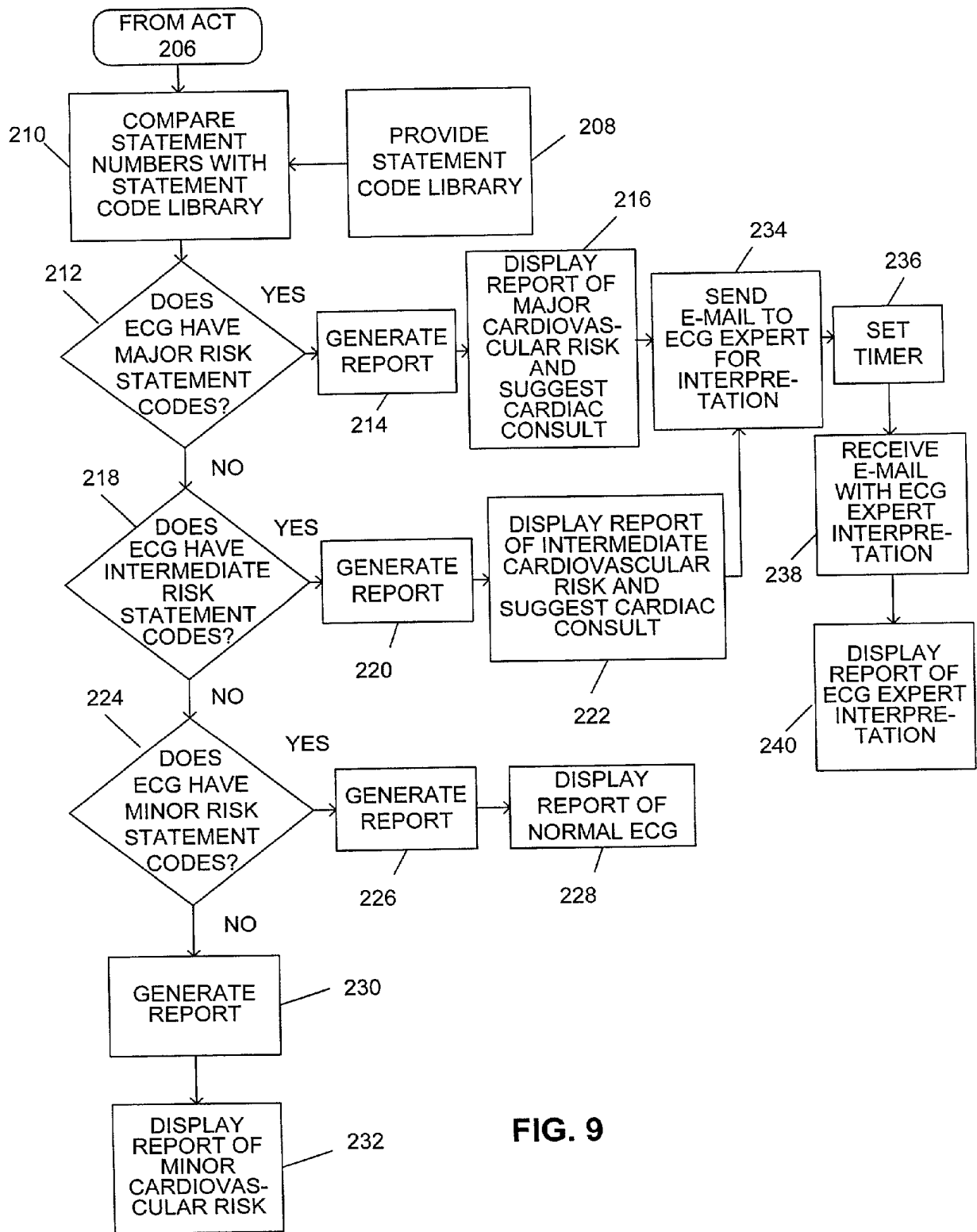


FIG. 9

## METHOD AND APPARATUS FOR PERIOPERATIVE ASSESSMENT OF CARDIOVASCULAR RISK

### RELATED APPLICATIONS

[0001] Priority is claimed under 35 U.S.C. § 120 to U.S. patent application Ser. No. 09/684,064.

### BACKGROUND OF THE INVENTION

[0002] Physiological activity is monitored in the diagnosis and treatment of numerous diseases and medical conditions. For example, heart activity is commonly monitored by collecting electrocardiographic ("ECG") data. ECG data is typically interpreted by a cardiologist, a physician specially trained in reading the waveforms created by ECG equipment.

[0003] In many situations, ECG and other physiological data is available, but an expert suitably trained in reading that data is not. In response to this problem, software interpretation tools have been developed to aid the non-expert physician in interpreting and using such data. However, these tools, particularly ECG tools, are not satisfactory. Existing ECG tools are designed to generate an interpretation. The computer-generated interpretation may be supported by one or more statements that describe the criteria that the computer uses to reach its conclusion. However, these statements are typically limited to describing the character of the waveform, which is usually of little assistance to the novice ECG reader. Another shortcoming of existing tools is that they generate conclusions based on the assumption that the ECG device correctly measured the ECG. In other words, existing computer tools assume that no faults or other errors ever occur in ECG measuring equipment.

[0004] The output from an existing ECG interpretation system is shown in FIG. 1. The output includes a screen image 10. The image 10 includes patient identifying information 12, initial diagnostic information 14, such as a complaint or symptom, measurements 16, physiological data in the form of waveforms 18, a diagnosis or interpretation 22, and a group of reason statements 24. In the example shown, the interpretation 22 indicates that there is a 42% probability that the patient has acute cardiac ischemia. The reasons supporting the interpretation are set out in the reason statements 24. For example, the interpretation is based on the fact that the patient is male, complaining of chest pain, and that "no significant Q waves or primary ST segment abnormalities" were detected. The reason statements 24 also indicate that the "[a]nterior T waves" are flat.

[0005] Most non-specialists find reason statements such as those shown in FIG. 1 to be too technical and, therefore, unhelpful in understanding the interpretation. Further, non-specialists are generally uncomfortable relying on an interpretation lacking a high probability. In the example shown, the interpretation generated has a probability of only 42%, meaning that there is a 58% chance that another interpretation is appropriate for the data. Thus, in those cases where present systems generate an interpretation of equivocal probability, they are often of little help.

[0006] Moreover, in cases where a patient is about to undergo a non-cardiac surgery, there is a need to be able to

accurately assess the perioperative cardiovascular risk to the patient of performing the surgery. Again, having to wait for a cardiologist to make such an assessment may not be practical or even possible.

### SUMMARY OF THE INVENTION

[0007] Accordingly, the invention provides real-time support in interpreting a patient's ECG in order to assess the perioperative cardiovascular risk associated with performing a non-cardiac surgery. An acquisition unit acquires the patient's ECG. A processor, coupled to the acquisition unit, determines whether the acquired ECG has diagnostic statements of cardiovascular risk. From the diagnostic statements, the processor determines the probability of cardiovascular risk associated with the non-cardiac surgery. The probability of cardiovascular risk is then displayed to a clinician in the form of an indicator of either major, intermediate, or minor cardiovascular risk.

[0008] The invention also provides a new method of interpreting a patient's ECG in order to assess the perioperative cardiovascular risk associated with performing a non-cardiac surgery. The method includes acquiring a patient's ECG, determining whether the ECG exhibits diagnostic statements of cardiovascular risk, and determining the probability of cardiovascular risk based on the diagnostic statements. The method also includes displaying the determined probability of cardiovascular risk to a clinician in the form of an indicator of either major, intermediate, or minor cardiovascular risk.

### BRIEF DESCRIPTION OF THE DRAWINGS

[0009] In the drawings:

[0010] FIG. 1 is an illustration of output from an existing physiological data interpretation system.

[0011] FIG. 2 is an illustration of a physiological interpretation system of the invention.

[0012] FIG. 3 is an illustration of output from the system of FIG. 2.

[0013] FIG. 4 is an illustration of output from the system of FIG. 2.

[0014] FIG. 5 is an illustration of measurements of physiological waveforms that are used to define features.

[0015] FIG. 6 is an illustration of a communication from an expert.

[0016] FIG. 7 is an illustration of a statement code for use in the method of the invention.

[0017] FIG. 8 is a flow chart illustrating the method of the invention.

[0018] FIG. 9 is a flow chart continuing from FIG. 8 to further illustrate the method of the invention.

### DETAILED DESCRIPTION

[0019] Before one embodiment of the invention is explained in full detail, it is to be understood that the invention is not limited in its application to the details of construction and the arrangement of components set forth in the following description or illustrated in the following drawings. The invention is capable of other embodiments

and of being practiced or of being carried out in various ways. Also, it is to be understood that the phraseology and terminology used herein is for the purpose of description and should not be regarded as limiting. The use of "including" and "comprising" and variations thereof herein is meant to encompass the items listed thereafter and equivalents thereof as well as additional items.

[0020] A physiological data system 30 is shown in FIG. 2. Before describing the system 30, it should be understood that the invention will be described with respect to ECG data. However, the system could be configured to aid in the interpretation of other data such as image data, including x-ray images, nuclear images, ultrasonic images, and magnetic resonance; blood pressure; oxygenation; brain activity; etc. Thus, the invention should not be limited to the examples described and shown.

[0021] The system includes a number of sensors or similar devices 32 attached to a patient 34. Physiological data sensed by the sensors 32 is transmitted over a link 36 to an acquisition and display unit 38 having a main unit 40 and a display 42. The main unit 40 includes typical hardware such as a processor 44, an input/output interface 46, and data storage or memory 48. The main unit also includes an operating system 50 and other software in the form of a display module 52, an optional browser 54, such as a web browser, a correlation module 56, which may include an optional data integrity checking module (not shown), and an interpretation module 58.

[0022] The acquisition and display unit 38 performs several functions. First, it acquires signals or raw data from the patient 34 using the sensors 32. The raw data is then measured. For example, and as shown in FIG. 5, when ECG data is acquired, numerous characteristics such as waveform height, distance between peaks, etc. are measured. Once the measurements are made, various features of the waveform are extracted. As will be discussed further below, these features can then be compared to the features of previously interpreted physiological data and used to check the interpretation made by the interpretation module 58.

[0023] The interpretation module 58 uses the measured features to generate an interpretation of the physiological data. A variety of existing physiological interpretation modules may be used in the invention. When configured to interpret ECG data, 12SL™ software available from GE Medical Systems Information Technologies, Inc. may be used in the invention.

[0024] The acquisition and display unit 38 may include an optional communication module 60 to coordinate and control communications with an expert location (discussed below) and remote libraries of data (also discussed below). Communications between the acquisition and display unit 38 and remote devices may be enhanced with an information filter 62 coupled to or made a part of the communication module 60. The information filter 62 may be configured to block the transmission of predetermined information, such as personal or private patient information, to ensure that the predetermined information is not transmitted to devices and locations coupled to the acquisition and display unit 38.

[0025] As noted, the interpretation module 58 analyzes and interprets the data or data set acquired from the patient 34, and generates an interpretation for that data set. The

correlation module 56 then links the interpretation to physiological records that have the same or similar features and interpretation. For example, an anterior myocardial infarction (MI) that was elicited due to a poor R wave progression would be linked to ECGs with the same feature, as opposed to all ECGs that exhibit features that are possible with anterior MI.

[0026] The correlation module 56 links the interpretation to records in a library of physiological data records 70. Specifically, the correlation module 56 matches or correlates features extracted from the current physiological data to features in the previously interpreted records of physiological data stored in the library 70. The correlation module 56 then creates links, such as hyperlinks to the correlating records. The library of physiological data records 70 is coupled to the acquisition and display unit 38 via a communication link 72. The communication link 72 may be a local bus when the library of records 70 is stored in local storage or may be a variety of other links, including an Internet link, such that the library of records 70 may be stored on a remote server 74, which may be a web server. The server 74 may also include a library of additional or supplemental educational materials or information records 76 that can be linked to the displayed physiological data and correlated records to provide explanations of relevant features and characteristics of the data and interpretation. Locating the records 70 and 76 on a server has several advantages including the ability to maintain a central, easily updated depository of information. However, the records 70 and 76 could be maintained on separate servers or locally on the data acquisition and display unit 38.

[0027] The data and acquisition unit 38 may also be linked to an expert location 80 via a link 82. The expert location 80 may be a customized web site or portal and the link 82 may be an Internet link. However a variety of locations and communication links could be used. For example, a remote server with a dial-up link could be used in the invention. Communications between the expert location 80 and the data acquisition and display unit 38 may take place using text or voice-based electronic mail, instant messaging, or chat services. Such services are particularly suitable when the data acquisition and display unit 38 is configured such that the display module 52 directs physiological data images to be displayed in a window generated by the browser 54 and the expert location 80 is coupled to the unit 38 via an Internet connection.

[0028] The expert location 80 is a site or similar locale with a computer or similar appliance. Typical examples include a computer at an office or facility of an expert in the medical area relevant to the type of physiological data being interpreted by the interpretation module 58. Messages from the data acquisition unit 38 are received at the expert location 80 and responded to by the expert to assist the physician or other individual using the unit 38 to interpret the physiological data.

[0029] FIG. 3 illustrates physiological data in the form of an ECG 100. The ECG 100 also includes patient ECG identifying information 107, patient identifying information 108, measurements 110, and an interpretation 112. The interpretation 112 is generated by the interpretation module 58. Once the interpretation 112 is generated, the correlation module 56 reviews the library of records 70, determines

matching physiological records, and links those matching records to the ECG record **100**. The system **30** can be configured such that the selection of icon or button **116** in the browser **54** causes the display of the matching records.

[**0030**] **FIG. 4** shows a screen **118** including the ECG **100** with matching records **120**, **122**, and **124**. The screen **118** also includes an explanatory statement **128** describing pertinent characteristics of the waveform.

[**0031**] In addition to providing an interpretation and supplemental information in the form of matching physiological records and explanatory statements, the invention may provide integrity checking. Preferably, the integrity checking is performed by the clinician once the matching physiological records and explanatory statements are displayed. The clinician detects any deviations between the acquired ECG and the physiological records that have been correlated to the acquired ECG from the library of physiological data records **70**. Alternatively, the data acquisition and display unit **38** may include an integrity checking module (not shown) that ensures that the measurements made by the data acquisition and display unit **38** are not biased or erroneous due to faults or other problems in the unit **38**.

[**0032**] As noted above, if a system user desires additional information concerning the interpretation of the physiological data, he or she may obtain expert advice by communicating with the library of physiological data records **70** or an expert at the expert location **80**. **FIG. 6** shows an exemplary expert response screen **150** that may be displayed on the acquisition and display unit **38**. The screen includes the ECG **100** with an expert commentary **160** that may be generated using one of the communication tools noted above. The expert response screen **150** may also include expert identifying information **162** such as the name and picture of the expert providing the commentary.

[**0033**] **FIGS. 7, 8, and 9** illustrate a particular embodiment of the invention which is also useful for determining the perioperative cardiovascular risk to the patient of performing non-cardiac surgery on the patient. Like parts are identified using like reference numerals. This description incorporates by reference the subject matter of copending U.S. patent application Ser. No. 09/684,064.

[**0034**] Referring to **FIGS. 2 and 7**, the library of physiological data records **70** includes a statement code library **172**. The statement code library **172** includes a plurality of statement codes **170** which are used to characterize ECG waveforms.

[**0035**] **FIG. 7** illustrates two examples of statement codes **170**. The statement codes **170** include a statement number **174**, a statement acronym **176**, a diagnostic statement **178**, and a probability of perioperative cardiovascular risk **180**. By way of example only, the statement code used to characterize an ECG exhibiting a normal sinus rhythm could include a statement number—**5**, an acronym—NSR, a diagnostic statement—Normal Sinus Rhythm, and a probability of cardiovascular risk—Minor risk.

[**0036**] In the most preferred embodiment, the statement codes **170** are configurable for clinical settings other than perioperative assessment of cardiovascular risk. Specifically, the probability of cardiovascular risk **180** can be configured to reflect the particular needs of different clinical

settings. By way of example only, the statement codes **170** could be configured for cardiovascular screening in a family practice setting or in an emergency room setting.

[**0037**] When an ECG is acquired by the acquisition unit **40**, the acquisition unit **40** inputs the ECG into the interpretation module **58** for analysis. Other inputs into the interpretation module **58** could include the type of non-cardiac surgery being performed, the amount of patient fluid being exchanged, or the specific components of the circulatory system that will be affected by the non-cardiac surgery. The interpretation module **58** analyzes the ECG, along with any other inputs, and assigns only statement numbers **174** to the ECG.

[**0038**] In order to assign the ECG with statement numbers **174**, the interpretation module **58** analyzes the ECG as described below. Before the preferred embodiment of ECG analysis is described, it should be understood that any analysis of an acquired ECG in order to determine diagnostic statements associated with different levels of cardiovascular risk is within the scope of the present invention. It should also be understood that the diagnostic statements of cardiovascular risk discussed below are used merely as examples and do not limit the scope of the present invention. Moreover, the diagnostic statements implemented in the method of the invention may be more specific as to the particular cardiovascular event or condition than the diagnostic statements provided as examples below.

[**0039**] The interpretation module **58** first analyzes the ECG for any acute coronary syndromes which is associated with major cardiovascular risk. If the interpretation module **58** detects any acute coronary syndromes, the interpretation module **58** assigns a statement number **174** to the ECG designating the diagnostic statement of risk **178** and a probability **180** of major cardiovascular risk.

[**0040**] The term acute coronary syndrome is a broad term encompassing many different diagnostic statements, including acute myocardial infarction, injury, and acute ischemia. These diagnostic statements of major cardiovascular risk and the methods used by the interpretation module **58** to detect them are described below.

[**0041**] Acute myocardial infarction (MI) often includes three ECG characteristics, namely ischemia, injury, and Q-wave infarction, but any of the three characteristics may occur alone.

[**0042**] Ischemia is characterized by inverted T waves. Thus, if the interpretation module **58** detects an inverted T wave, the interpretation module **58** assigns the ECG a statement number **174** designating ischemia.

[**0043**] Injury is characterized by ST segment elevation, and ST segment elevation indicates that the MI is acute. Accordingly, if the ECG exhibits ST segment elevation, the interpretation module **58** assigns the ECG a statement number **174** designating acute MI. Preferably, the interpretation module **58** is capable of recognizing ECGs with even more specific diagnostic statements of cardiovascular risk. For example, the interpretation module **58** is capable of recognizing ECGs with ST segment elevations of a certain character, not just ST segment elevations generally.

[**0044**] The third ECG characteristic associated with acute infarction is the presence of a Q wave, referred to as Q-wave

infarction. Q-wave infarction, especially with evidence of an acute change, is considered a clinical predictor of major cardiovascular risk. Thus, if the interpretation module **58** detects ST elevation concordant with the presence of a Q wave, the interpretation module **58** assigns the ECG a statement number **174** designating acute myocardial infarction.

[**0045**] A second category of diagnostic statements associated with major cardiovascular risk during non-cardiac surgery is arrhythmia, especially hemodynamically significant arrhythmia. A hemodynamically significant arrhythmia is an arrhythmia that makes the heart unable to efficiently pump blood. Examples of hemodynamically significant arrhythmias include high-grade atrioventricular block, symptomatic arrhythmias in the presence of underlying heart disease, and supraventricular arrhythmia with an uncontrolled ventricular rate.

[**0046**] High-grade atrioventricular block occurs when the atrioventricular (AV) node is unable to send impulses to the ventricles. If the interpretation module **58** detects a high-grade atrioventricular block, the interpretation module **58** assigns a statement number **174** to the ECG designating high-grade atrioventricular block.

[**0047**] Symptomatic arrhythmias in the presence of underlying heart disease are considered a clinical predictor of major cardiovascular risk. If the interpretation module **58** detects arrhythmias in the presence of heart disease, the interpretation module **58** assigns a statement number **174** to the ECG designating the specific arrhythmia and the presence of heart disease.

[**0048**] Supraventricular arrhythmias, especially atrial flutter with uncontrolled ventricular rate, are diagnostic statements of major cardiovascular risk. By way of example only, if the interpretation module **58** detects a rapid response to atrial flutter, the interpretation module **58** assigns a statement number **174** to the ECG designating atrial flutter with an uncontrolled ventricular rate.

[**0049**] Once the interpretation module **58** has analyzed the ECG for diagnostic statements **178** of major cardiovascular risk, the interpretation module **58** analyzes the ECG for diagnostic statements **178** of intermediate cardiovascular risk. One diagnostic statement **178** associated with intermediate cardiovascular risk is prior myocardial infarction. The interpretation module **58** detects prior myocardial infarction in generally the same manner as described above for Q-wave myocardial infarction, although no ST elevation is evident in the ECG.

[**0050**] Once the interpretation module **58** has analyzed the ECG for diagnostic statements **178** of intermediate cardiovascular risk, the interpretation module **58** analyzes the ECG for diagnostic statements **178** of minor cardiovascular risk. Diagnostic statements **178** associated with minor cardiovascular risk include abnormalities in the ECG, such as left ventricular hypertrophy (LVH), left bundle branch block (LBBB), ST/T segment abnormalities that do not affect functional capacity, and rhythms other than sinus rhythm.

[**0051**] Once the interpretation module **58** analyzes the ECG for diagnostic statements **178** of minor cardiovascular risk, the interpretation module **58** performs a serial comparison between the patient's current ECG and the patient's previous ECG, if one is available. The interpretation module

**58** performs a serial comparison between the patient's current ECG and the patient's previous ECG in order to determine if the diagnostic statements **178** associated with minor cardiovascular risk are new, i.e. if the diagnostic statements **178** associated with minor cardiovascular risk were not detected in the previous ECG, but have been detected in the current ECG. If the diagnostic statements **178** detected are new, the probability of cardiovascular risk **180** may actually be intermediate or even high. If the diagnostic statements **178** not new, the probability of cardiovascular risk **180** is minor.

[**0052**] Serial comparison between a current ECG and a previous ECG is a method commonly known in the art. Preferably, the serial comparison is performed in the manner described below. The patient's previous ECG, including previously determined statement codes, measurements, and waveforms, is stored in the database of physiological data records **70**. The interpretation module **58** performs the serial comparison between the current ECG and the previous ECG. Depending on the cardiac condition being detected by the interpretation module **58**, the interpretation module **58** uses at least one of the statement codes, measurements, and waveforms to compare the previous ECG to the current ECG. For example, when the interpretation module **58** is detecting abnormal rhythms, the interpretation module **58** compares the statement codes **170** of the previous ECG to the statement codes **170** of the current ECG. When the interpretation module **58** is detecting changes in the QRS complex, the interpretation module **58** compares the statement codes **170**, measurements, and waveforms of the previous ECG to the statement codes **170**, measurements, and waveforms of the current ECG. When the interpretation module **58** is detecting ST/T segment abnormalities, the interpretation module **58** compares the waveforms of the previous ECG to the waveforms of the current ECG. In this manner, the interpretation module **58** detects any new diagnostic statements of cardiovascular risk **178** and assigns statement codes **170** to the current ECG designating the new diagnostic statements of cardiovascular risk **178**.

[**0053**] It should be understood that the grouping of the diagnostic statements of cardiovascular risk **178** into major, intermediate, and minor probabilities of cardiovascular risk **180** is a statement code **170** setting that can be configured for different clinical settings. For example, a certain arrhythmia may be associated with a major probability of cardiovascular risk **178** in a perioperative setting. However, the same arrhythmia may only be associated with an intermediate probability of cardiovascular risk **178** in a family practice setting during a general cardiovascular screening.

[**0054**] Referring to **FIGS. 2 and 7**, once the interpretation module **58** assigns one or more statement numbers **174** to the current ECG in the manner described above, the statement numbers **174** are exported from the interpretation module **58** to the processor **44**. The processor **44** accesses the statement library **172** in the library of physiological data records **70** in order to correlate the statement numbers **174** with the statement codes **170**. Once the correlation between statement numbers **174** and statement codes **170** is made, the processor **44** has access to the textual statement describing the diagnostic statement **178** and to the associated probability of risk **180**. The processor **44** then generates a textual report including the diagnostic statement of risk **178** and the probability of risk **180**. The generated report may also

include a statement suggesting that the clinician consult a cardiologist regarding the interpretation of the ECG. The generated report is then displayed to the clinician on display 42.

[0055] FIGS. 8 and 9 are a flow chart illustrating the method of the invention. Referring to FIGS. 2, 7, and 8, the clinician first conducts 190 a patient history. The clinician prepares a patient history by interviewing the patient and asking a series of cardiovascular health-related questions. Specifically, the clinician asks if the patient has suffered from any serious cardiac conditions, such as prior angina, recent or past MI, congestive heart failure, or symptomatic arrhythmias. If the patient history reveals 192 that the patient has suffered from a serious cardiac condition, the clinician preferably consults 194 a cardiologist before the non-cardiac surgery is performed.

[0056] If the patient history does not reveal 192 any serious cardiac conditions, the clinician conducts 196 a physical examination. During the physical examination, the clinician determines whether the patient is suffering from serious cardiac conditions such as stable or unstable angina pectoris and compensated or decompensated congestive heart failure. In addition, the clinician determines whether the patient is suffering from any severe valvular diseases, such as stenotic lesions or regurgitant valve disease. If the patient examination reveals 197 that the patient has suffered from a serious cardiac condition, the clinician preferably consults 198 a cardiologist before the non-cardiac surgery is performed.

[0057] If the patient history does not reveal 192 any serious cardiac conditions and if the physical examination reveals 197 that the patient has good cardiac functional capacity, the patient is initially designated 200 as having low cardiovascular risk.

[0058] Again, if the clinician discovers that the patient has suffered from a serious cardiac condition or the patient has poor functional capacity, preferably the clinician consults a cardiologist before proceeding with the non-cardiac surgery. However, if the patient is initially designated 200 as having a low cardiovascular risk, the clinician acquires 202 the patient's ECG with the acquisition unit 40. The acquisition unit 40 transmits 204 the ECG to the interpretation module 58 for analysis. The interpretation module 58 analyzes the ECG and assigns a statement number 174 to the ECG. The interpretation module 58 then performs 205 a serial comparison by comparing the current ECG with the patient's previous ECG. The interpretation module 58 assigns 205 additional statement numbers 174 to the current ECG designating the results of the serial comparison. The statement numbers 174 are exported 206 from the interpretation module 58 back to the acquisition unit 40 and the processor 44.

[0059] Referring to FIGS. 2, 7, and 9, the statement code library 172 is provided 208 within the library of physiological data records 70. The library 70 is coupled to the processor 44 within the acquisition unit and display unit 38. The processor 44 accesses the statement code library 172 and compares 210 the statement numbers 174 generated by the interpretation module 58 with the list of statement codes 170 in order to determine the diagnostic statement of cardiovascular risk 178 and the probability of risk 180 associated with the statement number 174.

[0060] Once the statement number 174 is correlated with the statement code 170, the processor 44 first determines 212

whether the statement code 170 includes a probability of cardiovascular risk 180 that is considered major. If the probability of cardiovascular risk 180 is major, the processor 44 generates 214 a textual report including an indicator of major cardiovascular risk and a suggestion to consult a cardiologist. The textual report is displayed 216 to the clinician on display 42.

[0061] After the clinician views the textual report suggesting consultation with a cardiologist, the clinician can choose to immediately consult a cardiologist located at an expert location 80. If the clinician chooses to consult a cardiologist, the communication module 60 of the acquisition unit 40 generates and sends 234 an email message including the current ECG to a cardiologist in an expert location 80. The communication module 60 sets 236 a timer with a predetermined time period during which the cardiologist must complete the interpretation of the ECG and send a response. The cardiologist interprets the ECG, generates a textual report of the ECG interpretation, and sends the generated textual report to the acquisition unit 40 via email. The email message including the textual report of the ECG interpretation is received 238 and processed by the acquisition unit 40. The textual report of the ECG interpretation is displayed 240 on display 42. Although the communication between the cardiologist and the acquisition unit 40 is described as email messages, the communication may be any analog or digital form of communication, including telephone calls, intranet messages, or any type of internet messages.

[0062] Rather than choosing to consult a cardiologist, the clinician may choose to use the library of physiological data records 70 or the supplemental educational materials 76 to assist in interpreting the ECG.

[0063] If the probability of cardiovascular risk 180 is not major, the processor 44 next determines 218 whether the statement code 170 includes a probability of cardiovascular risk 180 that is considered intermediate. If the probability of cardiovascular risk 180 is intermediate, the processor 44 generates 220 a textual report including an indicator of intermediate cardiovascular risk and a suggestion to consult a cardiologist. The textual report is displayed 222 to the clinician on display 42. After the clinician views the textual report suggesting consultation with a cardiologist, the clinician can choose to consult a cardiologist located at an expert location 80, or the clinician can choose to use the library of physiological data records 70 or the supplemental educational materials 76 to assist in interpreting the ECG.

[0064] If the probability of cardiovascular risk 180 is not major or intermediate, the processor 44 finally determines 224 whether the statement code 170 includes a probability of cardiovascular risk 180 that is considered minor. If the probability of cardiovascular risk 180 is minor, the processor 44 generates 230 a textual report including an indicator of minor cardiovascular risk. The textual report is displayed 232 to the clinician on display 42. If the statement codes do not indicate even a minor probability of cardiovascular risk, the processor 44 generates 226 a textual report indicating that the ECG is normal. The textual report is displayed 228 to the clinician on display 42.

[0065] Various features and advantages of the invention are set forth in the following claims.

What is claimed:

1. A method of assessing a patient's cardiovascular risk, the method comprising the acts of:

acquiring an electrocardiogram for the patient;

determining whether the electrocardiogram exhibits diagnostic statements of cardiovascular risk;

determining the probability of cardiovascular risk based on the diagnostic statements of cardiovascular risk; and

displaying the probability of cardiovascular risk to a clinician.

2. The method of claim 1 and further comprising the act of conducting a patient history and physical examination before the act of acquiring an electrocardiogram for the patient.

3. The method of claim 1 wherein the act of determining whether the electrocardiogram exhibits diagnostic statements of cardiovascular risk further comprises the act of inputting the acquired electrocardiogram into an interpretation module and exporting the diagnostic statements of cardiovascular risk from the interpretation module.

4. The method of claim 3 wherein the act of determining whether the electrocardiogram exhibits diagnostic statements of cardiovascular risk further comprises the act of performing a serial comparison between the acquired electrocardiogram and a previous electrocardiogram.

5. The method of claim 1 wherein the act of determining whether the electrocardiogram exhibits diagnostic statements of risk further comprises the act of determining whether the electrocardiogram exhibits a diagnostic statement of a major cardiovascular risk.

6. The method of claim 5 wherein the diagnostic statements associated with a major probability of cardiovascular risk is at least one of recent myocardial infarction and significant arrhythmia.

7. The method of claim 6 wherein the arrhythmia is at least one of atrioventricular block, symptomatic arrhythmia in the presence of underlying heart disease, and supraventricular arrhythmia with uncontrolled ventricular rate.

8. The method of claim 1 wherein the act of determining whether the electrocardiogram exhibits diagnostic statements of risk further comprises the act of determining whether the electrocardiogram exhibits an intermediate diagnostic statement of cardiovascular risk.

9. The method of claim 8 wherein the diagnostic statement associated with an intermediate probability of cardiovascular risk is prior myocardial infarction.

10. The method of claim 1 wherein the act of determining whether the electrocardiogram exhibits diagnostic statements of risk further comprises the act of determining whether the electrocardiogram exhibits a diagnostic statement of minor cardiovascular risk.

11. The method of claim 10 wherein the diagnostic statement associated with a minor probability of cardiovascular risk is at least one of left ventricular hypertrophy, left bundle branch block, ST abnormality in the presence of adequate functional capacity, and a rhythm other than sinus rhythm.

12. The method of claim 1 wherein the act of displaying the probability of risk further comprises the act of displaying an indicator of either major, intermediate, or minor cardiovascular risk.

13. The method of claim 1 wherein the act of displaying the probability of risk may further comprise the act of displaying a suggestion to consult a cardiologist.

14. A device for assessing a patient's cardiovascular risk, the device comprising:

an acquisition unit for acquiring an electrocardiogram;

a processor coupled to the acquisition unit for determining whether the acquired electrocardiogram has diagnostic statements of cardiovascular risk and for determining the probability of cardiovascular risk based on the diagnostic statements of cardiovascular risk; and

a display for indicating to a clinician the probability of cardiovascular risk.

15. The device of claim 14 and further comprising an interpretation module coupled to the processor wherein the acquired electrocardiogram is inputted into the interpretation module and the diagnostic statements of cardiovascular risk are exported from the interpretation module.

16. The device of claim 15 wherein the interpretation module performs a serial comparison between the acquired electrocardiogram and a previous electrocardiogram.

17. The device of claim 14 wherein the probability of cardiovascular risk is one of major, intermediate, and minor.

18. The device of claim 17 wherein the diagnostic statements associated with a major probability of cardiovascular risk are at least one of recent myocardial infarction and significant arrhythmia.

19. The device of claim 18 wherein the arrhythmia is at least one of atrioventricular block, symptomatic arrhythmias in the presence of underlying heart disease, and supraventricular arrhythmias with uncontrolled ventricular rate.

20. The device of claim 17 wherein the diagnostic statement associated with an intermediate probability of cardiovascular risk is prior myocardial infarction.

21. The device of claim 17 wherein the diagnostic statements associated with a minor probability of cardiovascular risk are at least one of left ventricular hypertrophy, left bundle branch block, ST abnormality in the presence of adequate functional capacity, and a rhythm other than sinus rhythm.

22. The method of claim 14 wherein the processor generates a textual report and the display indicates the textual report to a clinician.

23. The method of claim 22 wherein the generated report includes an indicator of either a major, intermediate, or minor cardiovascular risk.

24. The method of claim 22 wherein the generated report may include a suggestion to consult a cardiologist.

25. A method of assessing a patient's perioperative cardiovascular risk, the method comprising the acts of:

providing a statement code library;

acquiring an electrocardiogram for the patient;

generating statement codes for the acquired electrocardiogram;

comparing the statement codes for the acquired electrocardiogram with the statement code library;

determining the probability of cardiovascular risk to the patient from the comparison; and

displaying the probability of cardiovascular risk to a clinician.

26. The method of claim 25 and further comprising the act of conducting a patient history and physical examination before the act of acquiring an electrocardiogram for the patient.

27. The method of claim 25 wherein the statement code library has configurable settings.

28. The method of claim 27 wherein the configurable settings include a probability either major, intermediate, or minor cardiovascular risk.

29. The method of claim 28 wherein the configurable settings include diagnostic statements of cardiovascular risk associated with one of the major, intermediate, and minor probabilities of cardiovascular risk.

30. The method of claim 29 wherein the diagnostic statement of cardiovascular risk associated with the major probability of cardiovascular risk is at least one of recent myocardial infarction and significant arrhythmia.

31. The method of claim 30 wherein the arrhythmia is at least one of atrioventricular block, symptomatic arrhythmias in the presence of underlying heart disease, and supraventricular arrhythmias with uncontrolled ventricular rate.

32. The method of claim 29 wherein the diagnostic statement of cardiovascular risk associated with the intermediate probability of cardiovascular risk is prior myocardial infarction.

33. The method of claim 29 wherein the diagnostic statement of cardiovascular risk associated with the minor probability of cardiovascular risk is at least one of left ventricular hypertrophy, left bundle branch block, ST abnormality in the presence of adequate functional capacity, and a rhythm other than sinus rhythm.

34. The method of claim 27 wherein the configurable settings include a list of statements and a statement number.

35. The method of claim 34 wherein the act of generating statement codes further comprises the act of importing the acquired electrocardiogram into an interpretation module and exporting statement numbers from the interpretation module.

36. The method of claim 35 wherein the act of generating statement codes further comprises the act of performing a serial comparison between the acquired electrocardiogram and a previous electrocardiogram.

37. The method of claim 35 wherein the act of displaying the probability of cardiovascular risk further comprises the act of generating a textual report by correlating the statement numbers of the acquired electrocardiogram to the diagnostic statements.

38. The method of claim 37 wherein the act of displaying to a clinician the probability of cardiovascular risk further comprises the act of displaying the generated textual report.

39. The method of claim 37 wherein the generated report includes an indicator of either major, intermediate, or minor cardiovascular risk.

40. The method of claim 37 wherein the generated report may include a suggestion to consult a cardiologist.

41. A device for assessing a patient's perioperative cardiovascular risk, the device comprising:

an acquisition unit for acquiring an electrocardiogram of the patient;

a statement code library coupled to the acquisition unit;

a processor coupled to the acquisition unit and to the statement code library for generating statement codes for the acquired electrocardiogram, for comparing the statement codes for the acquired electrocardiogram with the statement code library, and for determining the probability of cardiovascular risk to the patient from the comparison; and

a display for indicating to a clinician the probability of cardiovascular risk.

42. The device of claim 41 wherein the statement code library has configurable settings.

43. The device of claim 42 wherein the configurable settings include a probability of cardiovascular risk of either major, intermediate, or minor cardiovascular risk.

44. The device of claim 43 wherein the configurable settings include diagnostic statements of cardiovascular risk associated with one of the major, intermediate, and minor probabilities of cardiovascular risk.

45. The device of claim 44 wherein the diagnostic statement of cardiovascular risk associated with the major probability of cardiovascular risk is at least one of recent myocardial infarction and significant arrhythmia.

46. The device of claim 45 wherein the arrhythmia is at least one of atrioventricular block, symptomatic arrhythmias in the presence of underlying heart disease, and supraventricular arrhythmias with uncontrolled ventricular rate.

47. The device of claim 44 wherein the diagnostic statement of cardiovascular risk associated with the intermediate probability of cardiovascular risk is prior myocardial infarction.

48. The device of claim 44 wherein the diagnostic statement of cardiovascular risk associated with the minor probability of cardiovascular risk is at least one of left ventricular hypertrophy, left bundle branch block, ST abnormality in the presence of adequate functional capacity, and a rhythm other than sinus rhythm.

49. The device of claim 42 wherein the configurable settings include a list of statements and a statement number.

50. The device of claim 49 wherein the acquired electrocardiogram is imported into an interpretation module and the statement numbers are exported from the interpretation module.

51. The device of claim 50 wherein the interpretation module performs a serial comparison between the acquired electrocardiogram and a previous electrocardiogram.

52. The device of claim 50 wherein the processor generates a textual report by correlating the statement numbers of the acquired electrocardiogram to the diagnostic statements.

53. The device of claim 52 wherein the display indicates to a clinician the generated textual report.

54. The device of claim 52 wherein the generated report includes an indicator of either major, intermediate, or minor cardiovascular risk.

55. The method of claim 52 wherein the generated report may include a suggestion to consult an electrocardiogram expert.

\* \* \* \* \*

专利名称(译)	用于围手术期评估心血管风险的方法和设备		
公开(公告)号	<a href="#">US20020042579A1</a>	公开(公告)日	2002-04-11
申请号	US09/752081	申请日	2000-12-29
[标]申请(专利权)人(译)	罗兰森 IAN		
申请(专利权)人(译)	罗兰森 G. IAN		
当前申请(专利权)人(译)	GE 医疗系统信息技术股份有限公司.		
[标]发明人	ROWLANDSON G IAN		
发明人	ROWLANDSON, G. IAN		
IPC 分类号	A61B5/00 A61B5/0402 A61B5/044 A61B5/0452 G06Q50/00		
CPC 分类号	A61B5/0452		
其他公开文献	US6665559		
外部链接	<a href="#">Espacenet</a> <a href="#">USPTO</a>		

摘要(译)

一种用于在解释患者的 ECG 中提供实时支持以便评估与执行非心脏手术相关的围手术期心血管风险的概率的方法和装置。该装置包括用于获取 ECG 的获取单元和用于确定 ECG 是否具有风险诊断陈述的处理器。根据风险的诊断陈述，处理器确定与非心脏手术相关的心血管风险的概率。心血管风险的概率以主要，中间或轻微心血管风险指标的形式显示。该方法包括获取患者的 ECG，确定 ECG 是否表现出心血管风险的诊断陈述，以及基于诊断陈述确定心血管风险的概率，并显示所确定的心血管风险概率。

