Clinical Presentation of Index Case (including children)

Refer to **ICC Clinic** for Diagnostic Investigations:
(**Urgent if arrhythmia symptoms/seizures/syncope)**

**Management**

Appropriate to underlying condition – otherwise discharge

For children consider age related penetrance prior to discharge

**Follow-up**

Local arrhythmia service
Database link to ICC for outcomes

Paediatric follow-up appropriate to age related penetrance

**\*** For drugs list visit

[www.azcert.org](http://www.azcert.org) or [www.sads.org.uk/drugs\_to\_avoid.htm](file:///%5C%5Cad.ucl.ac.uk%5Cslms%5Chome3%5Crmhasdi%5CDownloads%5Cwww.sads.org.uk%5Cdrugs_to_avoid.htm)

and [www.brugadadrugs.org](file:///C%3A%5CUsers%5Cebehr%5CDropbox%5CAICC%20and%20SLICC%5CAICC%20meeting%202013%5Cwww.brugadadrugs.org)

**Management**

Confirm diagnostic status based on genotype & phenotype

Lifestyle advice**\***

Assess SCD risk

Develop management plan

Organise familial evaluation

Family History, 12 lead, 24hr and Exercise ECG, imaging
 +/- provocative testing, SaECG

*Exclude drugs****\*****, metabolic and structural disease as cause of phenotype*

**Genetic Testing**

Targeted to diagnosis

Low likelihood of diagnosis

Probable or definite diagnosis (e.g. LQTS, HCM)

Phenotype