

## EP News: Allied Professionals

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### COVID-19

In a departure from the usual format of review of 1 article followed by a discussion of 1 topic, given the unusual times, the discussion of 1 topic will predominate. There are already hundreds of articles with topics such as the cardiovascular manifestations of coronavirus disease (COVID-19), the increased risk to patients with preexisting cardiovascular disease, arrhythmias associated with infection, and proarrhythmic effects of proposed treatments to be found with a simple Google or PubMed search. Keeping up with the barrage of information is a full-time job and nearly impossible in the context of a complete overhaul in the way we are doing our job. Additional to the sheer volume of information, it comes from a variety of sources with varying levels of significance from the simple anecdote on Twitter to published case reports, observational studies, and randomized controlled studies. All may be important pieces of the puzzle, but can provide contradictory data, and each piece of information needs to be assessed with regard to the scientific methods and integrity.

### Guidance for cardiac electrophysiology during the COVID-19 pandemic

Thankfully, guidance has been forthcoming from the Heart Rhythm Society (Lakireddy et al, Heart Rhythm April 1, 2020;<https://doi.org/10.1016/j.hrthm.2020.03.028>, PMID 33247013). This document offers an up-to-date distillation of what we know currently about the pandemic along with practical suggestions and solutions to keep health care workers safe and provide the best care to patients with preexisting arrhythmias and those who develop arrhythmias because of COVID-19 from use of personal protective equipment to ways of limiting exposure through social distancing. With hospital administrations recommending or mandating elimination of nonurgent procedures in order to free up resources and beds for the expected surge, this document suggests what could comprise an emergent, urgent, or semi-urgent case. There are also recommendations about the use of telemedicine and remote monitoring. Finally, there are a number of important links to use to get the most up-to-date information, including <https://www.cdc.gov/coronavirus/2019-nCoV/>.

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### Guidance related to the use of QT-prolonging drugs for COVID-19 therapy

A document that was cited in the Heart Rhythm Society statement and widely disseminated online but not yet published (Giudicessi et al, Mayo Clin Proc March 25, 2020;<https://doi.org/10.1016/j.mayocp.2020.03.024>.) offers an algorithm for the use of potentially QT-prolonging medicines such as hydroxychloroquine, chloroquine, azithromycin, and the antiviral combination lopinavir/ritonavir. Patients with an increased QT interval could develop torsades de pointes (TdP) and sudden death. While firm data are not yet available, there are theoretic reasons why these and other potentially QT-prolonging drugs may be an effective treatment of COVID-19 and their use is increasing. The article offers solutions to measuring and monitoring the QT interval without regular 12-lead electrocardiograms, the use of which increases provider exposure, such as the use of AliveCor/Kardia smartphone-enabled monitor, hospital telemetry, and mobile cardiac outpatient telemetry. The algorithm developed uses a red light/green light format with regard to risk related to COVID infection and need for treatment, along with patient characteristics that increase the risk of TdP, baseline QT interval, and electrolyte levels. It also provides ways to mitigate risk such as discontinuation of other QT-prolonging medications and repletion of electrolytes. Importantly, the article points out the importance of checking medications for the potential for QT prolongation using [www.crediblemeds.com](http://www.crediblemeds.com).

### COVID-19 for the allied professionals

Many of us are at the frontlines working directly with patients with documented or suspected COVID-19 infection and others are working to take care of our patients using video and telephone to take the place of in-person visits. Taking care of patients these days will require innovative thinking and ability to adapt quickly. In addition to new workflows in the electrophysiology laboratories and hospital floors to prevent exposure to ourselves and patients, processes for dealing with routine and urgent remote device interrogation, data from wearables and other monitors, and increasing phone calls from patients with questions about COVID are being rolled out. Associated professionals are uniquely qualified to provide insight into practical solutions and should be encouraged to keep reading and updating and to speak up and contribute both to the science and to the solutions.