**Supplementary file**

**Table S1**

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| Calculation of the ECG risk-score | | |
| ***Morphological features*** | | |
| Deviation of QRS-axis present | Yes | 1 point |
| Pathological T-wave-inversion ≥1 mm present:  *In limb-lead*  *In precordial lead*  *In both limb-lead and precordial lead* | Yes  Yes  Yes | 1 point  2 points  2 points |
| ST-segment depression ≥ 2 mm present | Yes | 2 points |
| S-wave greater than R-wave in lead V4 | Yes | 2 points |
| ***ECG measurements*** | | |
| Six limb-lead QRS-amplitude sum in mV | ≥7.7 mV  ≥10.0 mV  ≥12.0 mV | 1 point  2 points  3 points |
| 12-lead QRS-amplitude x duration product mV.sec | ≥2.2 mV.sec  ≥2.5 mV.sec  ≥3.0 mV.sec | 1 point  2 points  3 points |
| QTc (Bazetts formula) | ≥440 msec | 1 point |
| Maximal total score |  | 14 points |

*Table is modified from Östman-Smith et al.*58*. The score can be used both with pediatric precordial lead positioning: V4R, V1,V2,V4,V5,V6, and for adult lead positioning: V1,V2,V3,V4,V5,V6, but age-appropriate lead positioning should be used. From digital ECGs it is recommended that both QRS-axis, and QTc are reviewed, and calculated also manually, if borderline.*