

12-Lead ECG

Applies to:

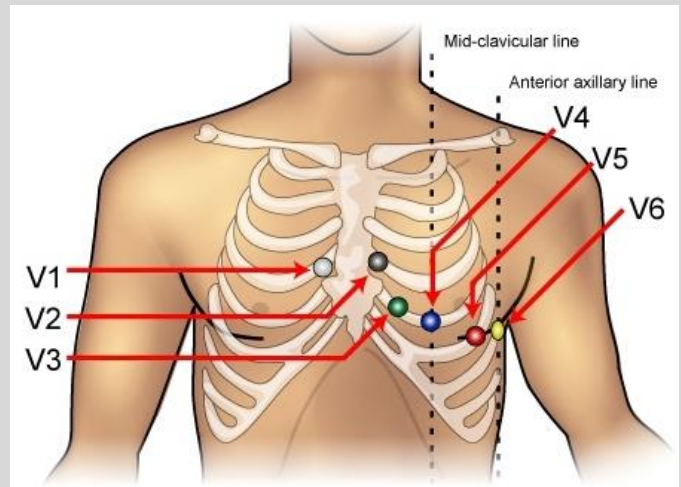
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|----------|-----------|
| E | EMT |
| P | Paramedic |

Clinical Indications:

1. Suspected cardiac patient, suspected stroke patient or cardiac arrest patient post ROSC.
2. As required by treatment guidelines.

Procedure (to be obtained within the first five (5) minutes of patient contact:

1. Prepare ECG monitor and connect patient cable with electrodes.
2. Enter the required patient information (e.g., patient name, age and gender) into the ECG monitor.
3. Expose chest and prep as necessary (e.g., shaving). Modesty of the patient should be respected.
4. Apply chest leads and extremity leads using the following landmarks:
 - a. V1 – 4th intercostal space at right sternal border
 - b. V2 – 4th intercostal space at left sternal border
 - c. V3 – Directly between V2 and V4
 - d. V4 – 5th intercostal space at midclavicular line
 - e. V5 – Level with V4 at left anterior axillary line
 - f. V6 – Level with V5 at left midaxillary line
5. Instruct the patient to remain still.
6. Acquire the 12-Lead ECG.
7. If the monitor detects signal noise (such as patient motion or a disconnected electrode), the 12-Lead acquisition may be interrupted until the noise is resolved.


Paramedic Only

8. Once acquired, transmit any 12- Lead ECG that indicates the patient is having a STEMI to the appropriate receiving STEMI Center.
9. Contact the receiving STEMI Center to notify them that a positive 12-Lead ECG has been sent.
10. Monitor the patient while continuing with the treatment protocol.
11. Download the cardiac monitor data as required by EMS policy and attach a copy of the 12-Lead ECG to the prehospital ePCR.
12. Document the procedure, time, and results in the prehospital PCR.

