

## EMT/ADVANCED EMT/PARAMEDIC STANDING ORDER

Obtain 12 lead ECG with baseline vitals within 10 minutes if available and practical. Transmit per local guidelines.

### INDICATIONS

- Congestive Heart Failure/Pulmonary Edema.
- Dysrhythmias.
- Suspected Acute Coronary Syndrome.
- Syncope.
- Shortness of breath.
- Stroke/CVA.
- Cardiac Arrest with Return of Spontaneous Circulation (ROSC).

### PROCEDURE

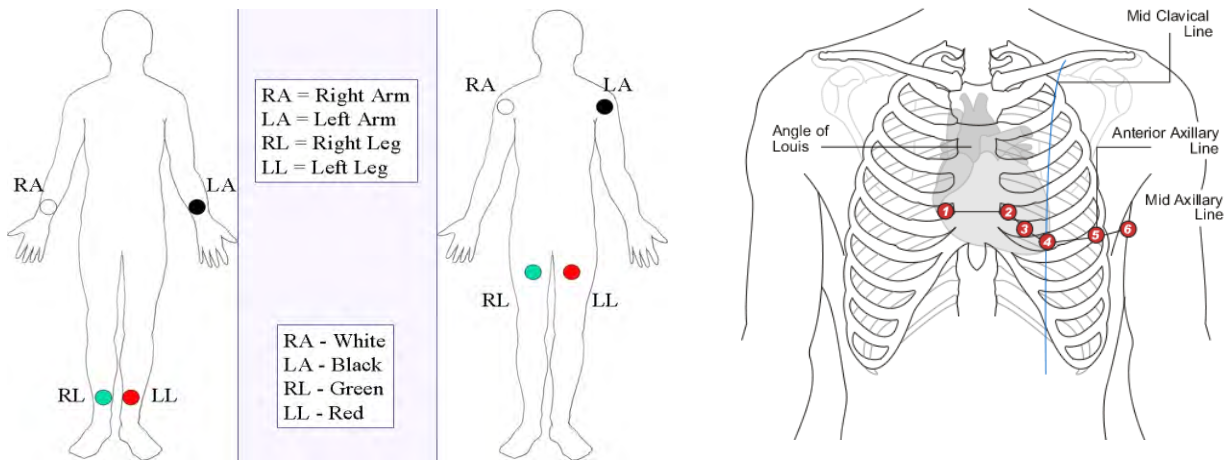
1. Prepare ECG Monitor and connect cable with electrodes.
2. Properly position the patient (supine or semi-reclined).
3. Enter patient information (e.g., age, gender, name) into monitor, when able.
4. Prep chest as necessary, (e.g., hair removal, skin prep pads).
5. Apply chest and extremity leads using recommended landmarks:
  - RA – Right arm or shoulder.
  - LA – Left arm or shoulder.
  - RL – Right leg or hip.
  - LL – Left leg or hip.
  - V1 – 4<sup>TH</sup> intercostal space at the right sternal border.
  - V2 – 4<sup>TH</sup> intercostal space at the left sternal border.
  - V3 – Directly between V2 and V4.
  - V4 – 5<sup>th</sup> intercostal space midclavicular line.
  - V5 – Level with V4 at left anterior axillary line.
  - V6 – Level with V5 at left midaxillary line.
6. Instruct patient to remain still.
7. Acquire the 12 lead ECG.
8. If 12 lead ECG indicates a STEMI (e.g., ECG identifies \*\*\*Acute MI Suspected\*\*\* and/or Paramedic interpretation) transport patient to the most appropriate facility in accordance with local STEMI guidelines/agreements. Notify receiving facility of a "STEMI Alert".
9. For patients with continued symptoms consistent with acute coronary syndrome, perform repeat ECGs, as indicated, during transport to evaluate for evolving STEMI.
10. Copies of 12 lead ECG labeled with the patient's name and date of birth should be left with the receiving hospital.
11. Document the procedure and time of the ECG acquisition in appropriate section of the Patient Care Record.

E/  
A/  
P

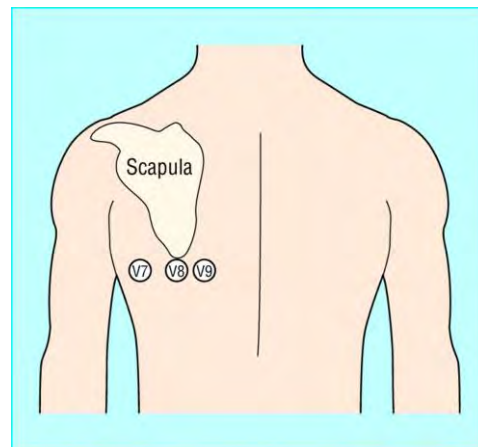
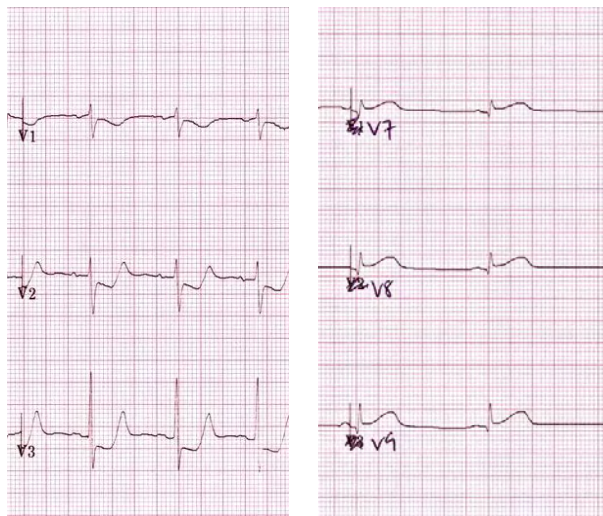
Protocol Continues

# 6.0 12-Lead ECG Acquisition

Protocol Continues



Consider posterior leads for suspected isolated posterior STEMI



Procedure 6.0

### PEARLS:

- Enter the patient's age for proper interpretation.
- When transmitting either include the patient's name or notify the receiving facility of the patient's identity.
- Be alert for causes of artifact: dry or sweaty skin, dried out electrodes, patient movement, cable movement, vehicle movement, electromagnetic interference, static electricity
- Dried out electrodes are a major source of artifact; keep in original sealed foil pouches; plastic bags are not sufficient. Use all the same kind of electrodes. Press firmly around the edge of the electrode, not the center.
- Sweaty patients should be dried thoroughly. Consider tincture of benzoin. Dry skin is especially problematic. Clean the site (e.g., alcohol prep pad) and gently abrade skin using a towel or 4x4 gauze.
- Check for subtle movement: toe tapping, shivering, muscle tension (e.g., hand grasping rail or head raised to "watch")