

CNY EMS PROTOCOLS - ADULT 12 Lead EKG

EMT-CC / EMT-P

Criteria:

- Classic Anginal Chest Pain
- Atypical Chest Pain
- Anginal Equivalents: Dyspnea, Palpitations, Syncope, General Weakness/Dizziness, DKA/Hyperglycemia

Frequency:

- Initially with vital signs, where patient is found
- In ambulance, before leaving scene-if not done initially where patient was found OR if abnormalities found on initial 12 Lead
- If abnormalities noted, consider with repeat vital signs (every 5-10 minutes) OR set automatic ST segment trending
- Upon arrival at Emergency Department parking lot

Considerations For Suspected Acute Myocardial Infarction:

- Consider Second IV access enroute- same arm
- Consider continued Nitroglycerine as per protocol every 5 minutes even without pain
 - If systolic BP > 100
 - Requires medical control

Reminders:

- Radio report (and FAX, if capable) on ALL suspected AMIs
- Transport in Emergency mode on ALL suspected AMIs
- Document note on PCR if patient was NOT laying flat
- Copies of 12 Leads to hospital AND Agency

V1	4 th intercostal space @ R sternum edge
V2	4 th intercostal space @ L sternum edge
V3	Between V2 & V4
V4	5 th intercostals space, midclavicular line
V5	Level with V4, L anterior axillary line
V6	Level with V5, L mid axillary line

I <i>Lateral</i>	aVR	V1 <i>Septal</i>	V4 <i>Anterior</i>
II <i>Inferior</i>	AVL <i>Lateral</i>	V2 <i>Septal</i>	V5 <i>Lateral</i>
III <i>Inferior</i>	AVF <i>Inferior</i>	V3 <i>Anterior</i>	V6 <i>Lateral</i>

