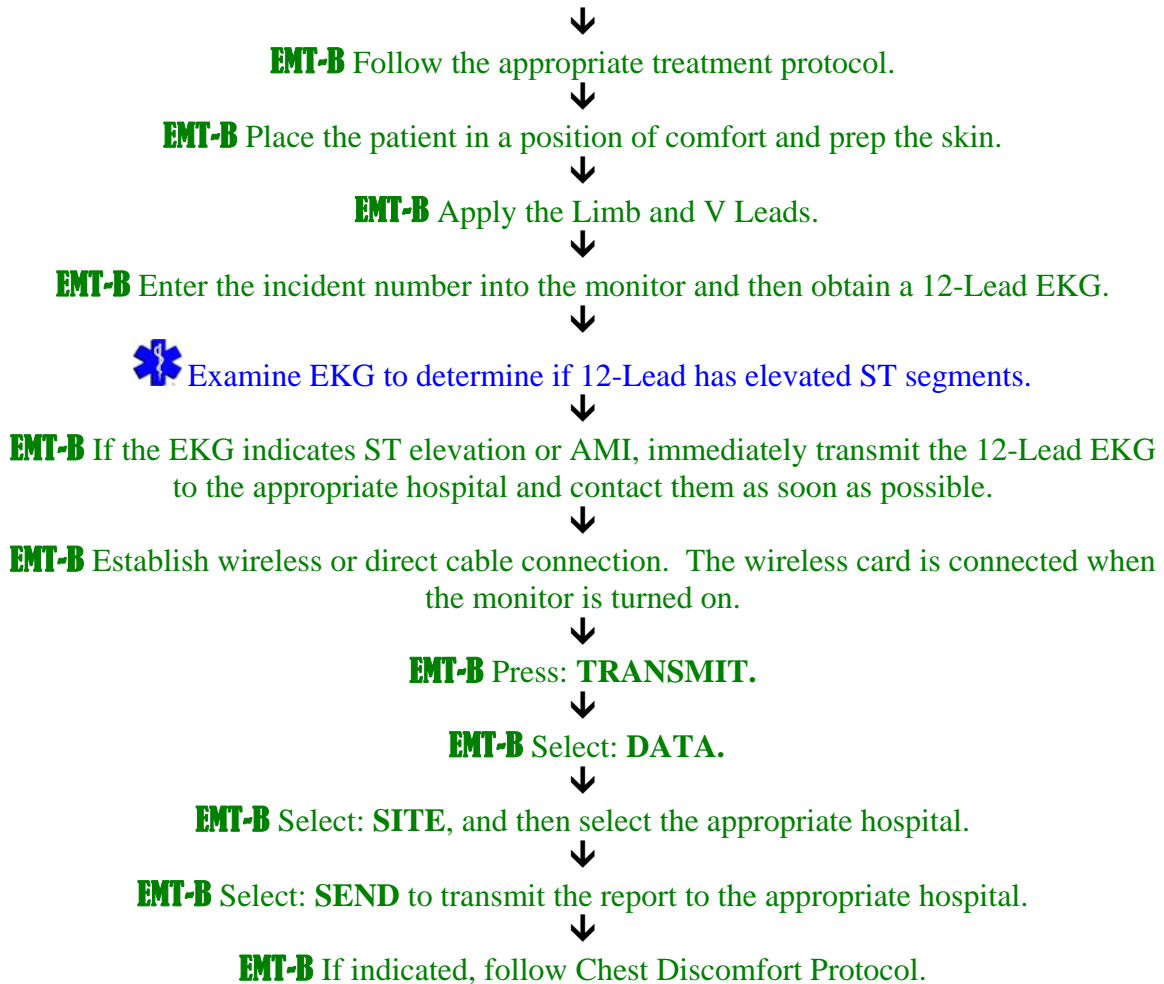


12-Lead EKG Procedure

Indications: A 12-Lead EKG should be performed on any patient with a complaint that may be cardiac in origin.

- chest pain,
- chest discomfort
- chest tightness
- pulmonary edema
- palpitations
- irregular heartbeats
- syncope
- dizziness
- weakness
- ABD pain
- numbness/tingling/discomfort to any extremity or jaw
- in addition, any patient with a heart rate < 50 or > 120 without a known cause
- Med Command orders
- unexplained diaphoresis

Routine Medical Care Protocol



Key Points and Considerations

- Protect the patient's modesty.
- The 12-Lead EKG should be acquired prior to medication administration (except Oxygen) and extricating the patient.
- After 12-Lead EKG is acquired, immediately transmit it to the appropriate hospital.
- If receiving hospital has no transmission capabilities contact them ASAP.
- Contact the receiving hospital with patient information, such as age, medications, onset time, vital signs, etc.
- If transmission should fail, the EMS provider should *hand* one copy of the 12-Lead EKG to the ED attending physician, and attach a second copy to the run report. Write the date, time, and patient's name on the EKG. If the physician is not readily available, please give the EKG to the nurse. After arriving at the ED, inform the RED Captain of the issue and request that the IT Section be notified.

Placement of the "V" Leads**V1:** 4th ICS-Right of the Sternum**V2:** 4th ICS-Left of the Sternum**V3:** Between V2 and V4**V4:** 5th ICS Midclavicular**V5:** Between V4 and V6**V6:** Even with V4 Midaxillary