

Subject: Treatment Guidelines – ALS  
**12 Lead Electrocardiography**

Associated Policies:

---

- I. Purpose:  
To identify guidelines for the acquisition and interpretation of a 12 lead ECG in the pre-hospital setting to facilitate early identification of STEMI and ACUTE MI patients and prompt transportation to a STEMI Receiving Center.
- II. Policy:  
It is the responsibility of the ALS Provider to ensure that their Paramedics are trained to utilize their respective cardiac monitor.
- III. Indications:
  1. All patients whose medical history and/or a description of the signs and symptoms indicating that the patient is/was suffering from a suspected Acute Coronary Syndrome (ASC) including but not limited to:
    - a) Chest or upper abdominal discomfort suggestive of acute coronary syndrome.
    - b) Discomfort or tightness radiating to the jaw, left shoulder or arm, bilateral shoulder or bilateral arm pain and may have one of the following:  
Nausea and emesis  
Diaphoresis  
Dyspnea  
Unexplained syncope/dizziness (elderly)
    - c) Known treatment for ACS
    - d) May be considered in patients with stable tachycardias for diagnostic purposes.
  2. Significant vital signs and physical findings.
- IV. Contraindications: None
- V. Procedure:
  1. Complete initial assessment and stabilizing treatment.
  2. Obtain the EKG as soon as possible and prior to departing the scene.
  3. Place precordial leads and acquire tracing as per manufacturer's directions.
  4. Notify the Base Station of the EKG's interpretation as soon as possible of \*\*\*ACUTE MI\*\*\* or \*\*\*STEMI MI\*\*\* for bypass determination.

Subject: Treatment Guidelines – ALS  
**12 Lead Electrocardiography**


Associated Policies:

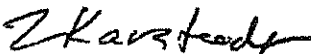
---

5. Make Base Contract ASAP in situations where the medic suspects a positive STEMI that is not supported by the EKG interpretation.
  - a. Active chest pain or equivalent symptoms (nausea, SOB)
  - b. ST-elevation
    - i.  $\geq 2$ mm in 2 contiguous leads (V1-V4), and/or
    - ii.  $\geq 1$  mm in 2 contiguous leads (limb, lateral)
  - d. QRS duration  $\leq 0.12$  seconds
6. If defibrillation or synchronized cardioversion is necessary, remove the precordial leads.

VI. Documentation:

1. Interpretation of the 12- lead ECG (leads, amount of ST elevation in millimeters, “confidence” in the 12- lead assessment).
2. Attach a copy of the ECG to the base (modified) Base hospital copy and the provider copy of the PCR.
3. If air transport is requested,
  - a) the time of the request,
  - b) the ETA provided by the air transport,
  - c) the arrival time of the air transport,
  - d) the “lift off” time of the air transport.

Approved:  Date: 1/22/2020

Approved as to Form:  Date: 1/22/2020