**12 lead EKG**

**Clinical Indications**

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| * Suspected cardiac patient * Suspected tricyclic overdose * Electrical injuries * Syncope * Suspected hyperkalemia |

**PROCEDURE GUIDELINES**

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| **R-EMR** | **E – EMT** | **A-AEMT** | **P-PARAMEDIC** | **\*\*M-Medical Control \*\*** |

**\*\*\*Higher level providers are responsible for lower level treatments\*\*\***

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| * If patient is unstable, definitive treatment is the priority. If patient is stable, perform 12-lead EKG. * Prepare EKG monitor and connect patient cable with electrodes. * Enter the required patient information (age, etc) into the 12-lead device. * Expose chest and prep as necessary. Modesty of the patient should be respected. * Apply leads using the following landmarks:   RA- right arm, LA- left arm, RL- right leg, LL- left leg  V1- 4th intercostal space (ICS) at right sternal border  V2- 4th ICS at left sternal border  V3- Directly between V2 and V4  V4- 5th ICS at midclavicular line  V5- Level with V4 at left anterior axillary line  V6- Level with V5 at left midaxillary line  Instruct patient to remain still, and acquire EKG  Transmit EKG to medical control if transmission is possible.   * Continue with EKG monitoring if appropriate. * Evaluate for rate, rhythm and signs of acute ischemia. * Document the procedure, time and results on the patient care report (PCR).   Attach a copy of the 12-lead EKG to the PCR. | **P2,3** |
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| * **\*\*** Discuss EKG interpretation with Medical Control if MI is suspected  **\*\*** | **M** |

2,3EMT and AEMT providers may perform these procedures if credentialed with the appropriate OM.