

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

Associated Policies:

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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.

Policy:

1. Only North Coast EMS approved 12 Lead provider agencies may carry and employ 12 Lead technologies.
2. ALS providers desiring to utilize and employ 12 Lead must do so according to North Coast EMS Draft policy “New ALS Interventions”
3. It is recognized that not all ALS units will be equipped with this optional scope procedure and not all paramedics will have the required training.
4. It is the responsibility of the ALS Provider that Paramedics without the required training will not employ the 12 Lead ECG prior to have been adequately trained in its use.

Indications:

1. Any and 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 and may have one of the following:
    - Nausea
    - 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.

Contraindications:

1. Trauma
2. Uncooperative patient
3. Cardiac Arrest

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.
5. Make Base Contract early in situations where the medic suspects a positive STEMI that is not supported by the EKG interpretation.
6. If defibrillation or synchronized cardioversion is necessary, remove the precordial leads.

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: \_\_\_\_\_

Approved as to Form: \_\_\_\_\_ Date: \_\_\_\_\_