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MEMORANDUM:

DATE: July 21, 2017

TO: Joint Powers Governing Board Members
County Health Officers
Lake County Administrative Officer
Prehospital Care Medical Directors
Prehospital Care Nurse Coordinators
Fire Chiefs' Associations/EMS Liaisons
EMCC Chairpersons
Interested Others

FROM: Emily Johnson, Administrative Assistant

RE: E-Informational Mailing

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1. For Your Information:
 - a. Draft- Policy #6511.1

Subject: Treatment Guidelines - ALS Personnel
12 Lead Electrocardiography

Associated Policies:

Purpose:

To identify guidelines for the acquisition and interpretation of a 12 lead ECG in the pre-hospital setting to facilitate early identification and prompt transportation of patients with a suspected STEM] to a STEM] Receiving Center (SRC) or facility that promptly transfers a STEM] patient to a SRC.

Policy:

1. Only North Coast EMS approved 12 Lead provider agencies ~~may~~ should 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 the responsibility of the ALS Provider to ensure and document that all Paramedics receive the required training prior to employing the 12 Lead ECG in the field.

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 Acute Coronary Syndrome (ACS) including but not limited to:
 - a) Chest or upper abdominal discomfort suggestive of acute coronary syndrome.
New onset cardiac dysrhythmias (including cardiac arrest if return of spontaneous circulation).
 - 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 tachycardia for diagnostic purposes.
2. Significant vital signs and physical findings.

Contraindications:

1. Trauma
2. Uncooperative patient
3. Cardiac Arrest (unless return of spontaneous circulation)

Procedure:

- I. Complete initial assessment and stabilizing treatment.
 2. Obtain the EKG as soon as possible and prior to departing the scene when possible.
 3. Place precordial leads and acquire tracing as per manufacturer's directions.
 4. Transmit ECG and/or notify the SRC (in Del Norte County to Base Hospital and in Lake County to hospital that receives patient) of the ECG's interpretation as soon as possible of *****ACUTE MI***** or *****STEMI MI*****.
 5. Make Base contact 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. Complete Patient Care Report (ePCR), attaching copies all ECG's performed.
2. Document in the narrative that an ECG was obtained and the findings.
2. Turn in all original prehospital 12-lead ECG(s) to the receiving hospital by handing it/them to the receiving medical personnel assuming care of the patient.
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.
 - e) Provide copy of ECG
 - f) Use reasonable caution in delaying transport while waiting for air transport. Refer to policy # 2206.4 regarding transport delay.

REV. 7/2017

Approved: _____

Approved as to Form: _____