

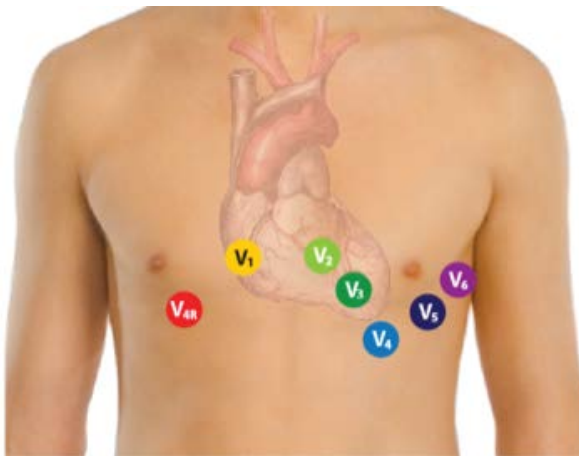


INDICATION

- A 12-Lead ECG should be performed when a patient presents with 1 or more of the signs or symptoms of acute coronary syndrome (ACS) including:
 - Chest pain.
 - Discomfort or tightness radiating to the jaw, shoulders or arms.
 - Nausea/vomiting.
 - Diaphoresis inconsistent with environment.
 - Dyspnea (a prominent symptom in women).
 - Syncope, near syncope or dizziness.
 - Epigastric pain.
 - General weakness.
 - Palpitations
- New onset cardiac dysrhythmias
- Adult cardiac arrest if ROSC is achieved.
- Any patient the provider feels would benefit from a 12-Lead ECG assessment.

PROCEDURE

- Attach ECG leads to the patient and perform 12-Lead.



- **V₁** 4th intercostal space to the right of the sternum
- **V₂** 4th intercostal space to the left of the sternum
- **V₃** Directly between leads V₂ & V₄
- **V₄** 5th intercostal space at the midclavicular line
- **V₅** Level with V₄ at the left anterior axillary line
- **V₆** Level with V₅ at the left midaxillary line (*directly under the midpoint of the armpit*)
- **V_{4R}** 5th intercostal right of the midclavicular line

- 12-lead ECG should remain on the patient, as the cardiac monitor will repeat serial 12-lead ECG in the background to identify ST changes.

TRANSMISSION

- ALS Providers: Immediately transmit all ECGs positive for STEMI (Acute MI) AND ECGs that are questionable or that paramedic judgment determines that there is a reasonable possibility of STEMI.
- Approved BLS Providers: Immediately transmit all ECGs to the closest most appropriate STEMI Receiving Center for physician interpretation.
- Transmission Failure: Describe 12-Lead findings to base hospital physician and transport as indicated.