

# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 440

## **SUBJECT: 12-LEAD EKG PROGRAM**

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### **PURPOSE**

To establish the requirements and responsibilities for S-SV EMS approved LALS and ALS prehospital provider agencies to perform 12-Lead EKGs in the prehospital setting.

### **AUTHORITY**

California Health & Safety Code, Division 2.5, Sections: 1797.200, 1797.204, 1797.206, 1797.214, 1797.218, 1797.220, 1798.2, 1798.102, 1798.170

California Code of Regulations, Title 22, Chapters 3 & 4

### **POLICY**

LALS and ALS provider agencies wanting to perform 12-Lead EKGs must submit to the S-SV EMS Agency for approval at least 30 days prior to the implementation of the program the following:

#### **A. 12-LEAD EKG TRAINING PROGRAM CURRICULUM**

A paramedic or advanced EMT authorized to perform 12-Lead EKGs must complete a minimum four (4) hour training program. The curriculum shall include:

1. Patient inclusion criteria
2. Anatomy
3. Basic electrophysiology
4. Leads and lead placement
5. Technical and protocol considerations

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**Effective Date: 06/01/2012**  
**Next Review Date: 03/2015**  
**Approved:**

**Date last Reviewed / Revised: 03/12**  
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**SIGNATURE ON FILE**  
**S-SV EMS Medical Director**

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**S-SV EMS Regional Executive Director**

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**B. CONTINUOUS QUALITY IMPROVEMENT PLAN**

1. Data Collection - Data shall be collected on each 12-Lead EKG performed. The data collected shall include at a minimum:
  - a. A copy of the 12-Lead EKG, including printed patient name as indicated in the procedure section below
  - b. Date and time of the call
  - c. Crew member names
  - d. Unit number
  - e. EKG Device number (ID number assigned to 12-Lead EKG by machine)
  - f. Hospital destination (if applicable)
  - g. Information on whether or not the EKG was transmitted to the base/modified base hospital and/or STEMI Receiving Center and any transmission issues identified
  
2. Data Reporting - The provider agency is responsible for submitting 12-Lead EKG data to the EMS Agency, as requested, to assist in the ongoing evaluation of the S-SV EMS STEMI System and other CQI processes.

**PROCEDURE**

- A. Indications: Utilization of S-SV EMS Agency Chest Pain or Suspected Symptoms of Cardiac Origin treatment protocol, (Reference No. C-8).
  
- B. All 12-Lead EKG's performed shall include, at a minimum, the patient's last name and first initial that is input into the monitor and printed on the EKG. In instances where the EKG is transmitted, this patient identification information shall be entered prior to transmission.
  
- C. Copies of all prehospital 12-Lead EKGs performed shall be available to the receiving hospital physician for review immediately upon EMS arrival and shall be left with the patient at the receiving facility at time of patient delivery.
  
- D. Copies of all prehospital 12-Lead EKGs performed shall be attached to the ePCR and become part of the patient's medical record.

**CROSS REFERENCES**

Prehospital Care Policy Manual

Cardiovascular STEMI Receiving Centers, Reference No. 506

Chest Pain or Suspected Symptoms of Cardiac Origin, Reference No. C-8