


Sierra – Sacramento Valley EMS Agency Program Policy

12-Lead EKG Procedure

	Effective: 06/01/2018	Next Review: 05/2021	1107
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE

To establish indications and requirements for performing 12-lead electrocardiogram (EKG) procedures in the prehospital setting.

AUTHORITY

- A. California Health and Safety Code, Division 2.5, § 1791.220.
- B. California Code of Regulations, Title 22, Division 9, Chapters 3 & 4.

POLICY

12-lead EKG procedures shall only be performed on patients with chest pain or suspected symptoms of cardiac origin (S-SV EMS Protocol C-8 or M-6), or suspected CVA/Stroke patients (S-SV EMS Protocol N-3).

PROCEDURE

- A. Packaged electrodes designed for single patient use (not bulk) shall be utilized for 12-lead EKG procedures.
- B. The patient's skin shall be adequately prepared (wiped utilizing a 4x4 gauze pad and shaved if required) prior to electrode placement.
- C. A minimum of the patient's age, gender, last name and first initial shall be entered into the cardiac monitor prior to 12-lead EKG acquisition.
- D. 12-lead EKG criteria for ST Elevation Myocardial Infarction (STEMI) includes either of the following:
 - 1. Machine read out indicating *****Meets ST Elevation MI Criteria*****, *****Acute MI*****, *****STEMI***** (or equivalent).
 - 2. EMS personnel interpretation consistent with a STEMI (e.g. ST segment elevation in two or more contiguous leads).

-
- E. Bundle branch blocks, atrial fibrillation, artifact, poor lead placement and/or poor skin preparation can result in STEMI false positive 12-lead EKGs. Consider 12-lead re-acquisition if significant artifact is observed or 12-lead EKG machine read out indicates “poor data quality” (or equivalent).
 - F. Any 12-lead EKG meeting STEMI criteria shall be transmitted to the appropriate facility (closest hospital or STEMI Receiving Center depending on incident specific circumstances) as soon as possible if transmission capabilities are available.
 - G. Serial 12-lead EKGs should be obtained on patients with suspected acute coronary syndromes (ACS) and long EMS transport times, or when there is a change in the patient’s status.
 - H. Copies of prehospital 12-lead EKGs shall be provided to the receiving hospital physician upon EMS arrival, left at the receiving hospital at time of patient delivery and attached to the EMS patient care report.