



12-Lead EKG

*EMT-Basic

*Advanced EMT

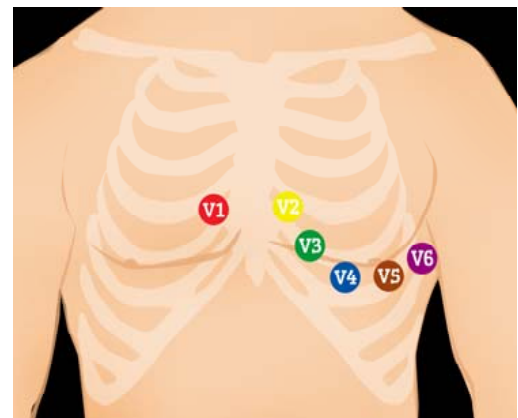
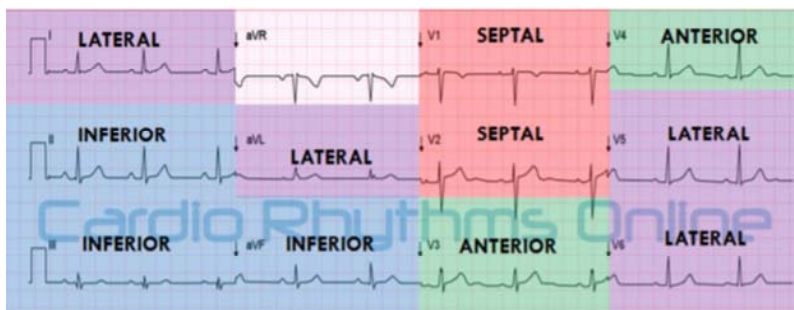
Paramedic

PROCEDURE

- Attach monitor to patient with limb leads placed on the limbs – avoid the trunk for diagnostic EKG
- Input patient information into the monitor (**always** enter case#, patient initials, age, gender)
- Apply the precordial leads to the correct anatomical location:
 - V1 – 4th intercostal space, right sternal border
 - V2 – 4th intercostal space, left sternal border
 - V4 – 5th intercostal space, midclavicular line
 - V3 – place in the middle between V2 and V4
 - V6 – 6th intercostal space, midaxillary line
 - V5 – place in the middle between V4 and V6
- Attach precordial leads to 4 lead cable
- Instruct patient to hold still for at least 10 seconds and breathe normally
- Acquire EKG
- BLS/AEMT - Print copy for arriving ALS unit
- *PARAMEDIC ONLY: interpret rhythm, identify any ST changes and mimics**
- Transmit EKG to EMS/COM/receiving facility
 - BLS/AEMT coordinate with ALS unit to transmit EKG
- Repeat procedure as needed to identify trends

Always label ECG **PRIOR** to obtaining 12-lead to assure info appears on acquired tracing

REFERENCE GRAPHICS



ST Elevation in 2 or more contiguous leads:

Leads II, III, aVF = Inferior wall MI (vessel likely RCA or LCx)

Leads I, aVL, V5, V6 = Lateral wall MI (vessel likely LCx or LAD branch)

Leads V1, V2, V3, V4 = Septal/Anterior wall MI (vessel likely LAD)

ST depression may be present in reciprocal leads (opposite wall)

KEY POINTS

- Ensure a good baseline to interpret the rhythm, if poor baseline, do not use – repeat the EKG
- Perform serial EKGs to identify any changes in waveforms – changes can be subtle
- *BLS/AEMT encouraged to obtain ECG, ALS unit responsible for interpretation

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