



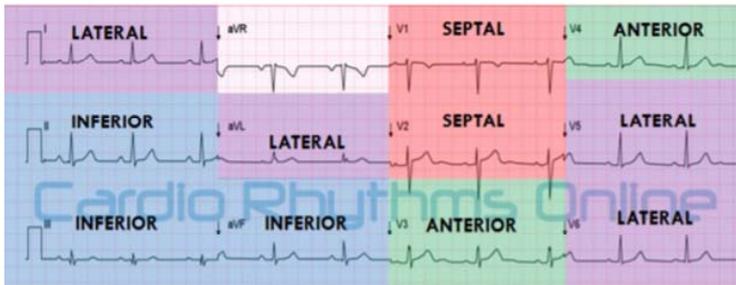
# 12-Lead EKG

Paramedic

## PROCEDURE

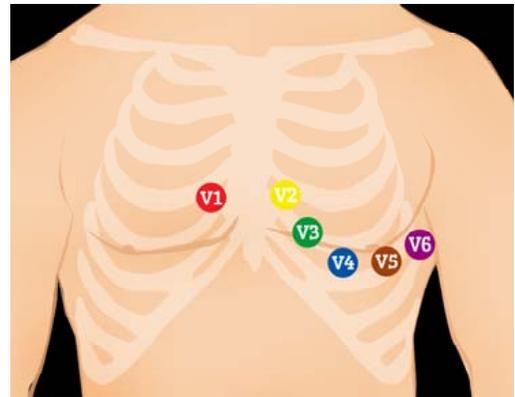
- Attach monitor to patient with limb leads placed on the limbs – avoid the trunk for diagnostic EKG
- Input patient information into the monitor
- Apply the precordial leads to the correct anatomical location:
  - V1 – 4<sup>th</sup> intercostal space, right sternal border
  - V2 – 4<sup>th</sup> intercostal space, left sternal border
  - V4 – 5<sup>th</sup> intercostal space, midclavicular line
  - V3 – place in the middle between V2 and V4
  - V6 – 6<sup>th</sup> 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 and interpret rhythm, identify any ST changes and mimics
- Transmit EKG to EMSCOMM/receiving facility
- Repeat procedure as needed to identify trends

## REFERENCE GRAPHICS



### LOCALIZATION

1. ST Elevation in 2 or more leads: II, III, aVF = Inferior wall MI (vessel likely RCA or LCx)
  2. ST Elevation in 2 or more leads: I, aVL, V5, V6 = Lateral wall MI (vessel likely LCx or LAD branch)
  3. ST Elevation in 2 or more leads: V1, V2, V3, V4 = Septal/Anterior wall MI (vessel likely LAD)
- \*\*Look for ST depression in reciprocal leads (opposite wall) to confirm diagnosis.



## 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

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