

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

12-Lead EKG Procedure

Early identification of cardiac infarction is crucial. The benefits of thrombolytic therapy are time-dependent and the 12-Lead EKG may provide early recognition of acute myocardial infarction (AMI).

Indications for a 12-Lead EKG include:

- Chest pain / discomfort
- Epigastric pain
- Shortness of breath
- Syncope (or near-syncope)
- Cardiogenic shock
- Pulmonary edema
- Stroke
- Vague “unwell” symptoms in diabetic and elderly patients.

Upon determining that a patient has a complaint or symptoms that indicate performing a 12-Lead:

1. Initiate *Routine ALS Care* and obtain a 12-Lead EKG.
2. The EKG should be done prior to transport if possible and transmitted to Medical Control.
3. **Contact Medical Control** as soon as possible, regardless of EKG transmission.
4. Upon arrival at the emergency department, a copy of the 12-Lead EKG should be given to the accepting nurse with request for physician review as soon as possible.
5. Copies of the 12-Lead EKG must be included with the patient care record.

Critical Thinking Elements

- There should not be a delay in the transport of a patient in order to perform a 12-Lead EKG.
- If the patient is in close proximity to the nearest hospital AND obtaining a 12-Lead EKG would take longer than the transport time, then *Routine ILS or ALS Care* should be initiated and the patient should be transported as soon as possible.