



# CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD

## Clinical Review and Training

### 12-Lead/ACS Guideline

#### Goals and Indications

##### Scope: All levels

Obtaining a 12-lead ECG should not delay patient transport more than 2-3 minutes. Initiating care of the unstable patient takes precedence over 12-lead ECG; whenever possible patient care and 12-lead ECG to take place simultaneously.

12-lead ECG may be indicated for chest pain or severe dyspnea (difficulty breathing) in patients over 40 years of age. Medic level providers may perform 12-lead at their discretion given other concerning presentations or histories (i.e. Abdominal Pain over 40 years of age, cardioactive drug overdose).

Once a 12-lead ECG has been obtained, the patient will be transported, and every effort will be made by a BLS provider to obtain ALS-level care for the patient *without delaying transport to a Catheterization capable facility*.

If an acute ischemic event is suspected on the 12-lead ECG, it should be transmitted for Medical Command review if possible. If transmission is not possible, the computer interpretation of the 12 lead should be discussed with Medical Command.

If an acute ischemic event is suspected, Medical Command physician (If UVA or MJH speak with an attending physician) should be contacted promptly, the care of the patient discussed, and additional resources may be mobilized as necessary to expedite patient care (i.e., potentially including re-toning ALS, ALS rendezvous, critical care transport, Medevac).

#### Procedure

1. Expose chest and prep as necessary. (lay Patient supine if possible)
2. Apply chest leads and extremity leads using following landmarks:
  - a. V1—4th intercostal space at the right sternal border
  - b. V2—4th intercostal space at the left sternal border
  - c. V3—Directly between V2 and V4
  - d. V4—5th intercostal space at mid-clavicular line
  - e. V5—5th intercostal space at anterior axillary line
  - f. V6—5th intercostal space at mid-axillary line
3. Instruct patient to hold still.
4. Press appropriate button to acquire 12 Lead.
5. Print and transmit ECG with patients sex and age.

##### For EMT-Basic and Enhanced level providers:

If 12-lead ECG trained, obtain 12-lead ECG and transmit if possible. Leave 12-lead electrodes in place in case a repeat ECG is desired, and turn off the monitor until ALS assistance is secured.

If no ALS is immediately available or in close proximity to ED, and the software interpretation indicates an acute ischemic event, contact MedCom or MJH and advise you are an EMT requesting attending physician consultation for a chest pain patient.