**12-LEAD ECG**

### INDICATIONS

A. Suspected cardiac patient  
B. Suspected tricyclic overdose  
C. Electrical injuries  
D. Syncope  
E. Fatigue, nausea or dizziness in the elderly or those with cardiac risk factors  
F. Unexplained shortness of breath  
G. Patients on dialysis

### RESPONSIBILITY

A. EMTs who have been trained in 12-lead ECG acquisition and transmission  
B. Basic and Advanced EMTs may set up and apply 12-lead ECG in either of the following instances:  
   1. When assisting a Paramedic, or  
   2. For purposes of electronic transmission, provided the following conditions are met:  
      a. The EMT does not interpret the ECG;  
      b. The EMT minimizes any delay of patient transport to obtain a 12-lead ECG

### PROCEDURE

A. Initiate patient care as indicated by the appropriate protocols – Acute Coronary Syndromes and/or Dysrhythmia Protocols.  
B. If the patient is unstable, definitive treatment is the priority. If the patient is stable or stabilized after treatment, perform 12-lead ECG.  
C. Prepare ECG monitor and connect patient cable with electrodes  
D. Enter the required patient information (patient name, etc.) in the 12-lead device  
E. Expose chest, respecting the patient’s modesty. Prep the skin first by drying areas of any sweat / water as needed. Lightly abrade the electrode placement area with an alcohol pad and/or the abrasive pad found on the corner of some electrodes  
F. Apply chest and extremity leads  
G. Instruct patient to remain still  
H. Press the appropriate button to acquire the 12-lead ECG  
I. Transmit data as per guidelines (Basic & Advanced EMTs MUST transmit if a Paramedic is not present) and attach a copy of the 12-lead to the Patient Care Report (PCR)  
J. Document the procedure, time, results on the PCR. If the ECG was not transmitted, document that an Emergency Department physician has acknowledged the ECG.
* The described leads need only to be used for a repeat 12-lead ECG when first ECG reveals suspected inferior wall myocardial infarction. Document on the repeat EKG that leads V4-V6 have been moved to the right side of the chest.

**Inferior Wall Myocardial Infarction**

**Septal-Anterior Wall Myocardial Infarction**
### 12-Lead Interpretation Reference

<table>
<thead>
<tr>
<th>LATERAL I</th>
<th>SEPTUM V1</th>
<th>ANTERIOR V4</th>
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</thead>
<tbody>
<tr>
<td>INFERIOR II</td>
<td>LATERAL AVL</td>
<td>SEPTUM V2</td>
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<td>INFERIOR III</td>
<td>INFERIOR AVF</td>
<td>ANTERIOR V3</td>
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