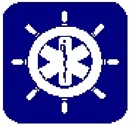
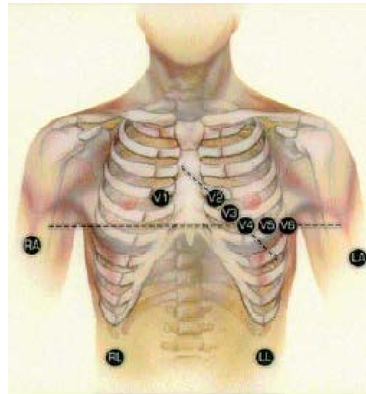


12-Lead ECG

CLINICAL INDICATIONS

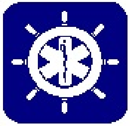
- Suspected cardiac patient
- Suspected overdose
- Electrical injuries
- Syncope/Near-syncope
- CHF
- Nausea/Vomiting
- Chest pain
- Shortness of breath
- Abdominal pain
- Upper back pain (non-muscular)
- Weakness
- Toxic exposures
- Atypical presentations



Standard

PROCEDURE

- Prepare 12-Lead ECG monitor and connect patient cable with electrodes
- Expose chest and prep as necessary. Modesty of the patient should be respected
- Apply chest leads and extremity leads using the following landmarks:
  - RA- Right arm
  - LA- Left arm
  - RL- Right leg
  - LL- Left leg
  - V1- 4thintercostal space at right sternal border
  - V2- 4th intercostal space at left sternal border
  - V3- Directly between V2 and V4
  - V4- 5th intercostal space at midclavicular line
  - V5- Level with V4 at left anterior axillary line
  - V6- Level with V5 at left midaxillary line
- Instruct patient to remain still
- Press the appropriate button to acquire the 12-Lead ECG within 5 minutes of patient contact
- A Right-sided 12-Lead ECG (V4R) & Posterior 12-Lead ECG (V8 & V9) together constitute a 15-Lead ECG:
  - V4R- (formerly V4)5th intercostal space at midclavicular line on the patient's right side
  - V8 - (formerly V5) 6th intercostal space left posterior at midscapular line
  - V9 - (formerly V6) 6th intercostal space left at paraspinous line
  - Label the second 12-Lead ECG to reflect the new leads: V4 as V4R, V5 as V8, and V6 as V9



12-Lead ECG

- Print data as per guidelines and attach a copy of the 12-Lead ECG to the Patient Care Report (PCR). Place the name and age of the patient on the paper copy of the 12-Lead ECG
- If capability exists, and acute MI (or other acute cardiac finding) is suspected, transmit ECG to receiving facility immediately after obtaining ECG. If HEMS is utilized, give a copy of the printed ECG to HEMS provider during patient transfer.
- Document the procedure, time, and results on the patient care report (PCR)