

HARTFORD HOSPITAL BLS 12 LEAD EKG GUIDELINE

Purpose: Reduce first medical contact to open vessel times in patients experiencing STEMI

Scope: Hartford Hospital sponsored EMS organizations authorized in writing through a sponsor hospital agreement form to allow EMT level providers to acquire and transmit 12 lead EKGs

Training: EMT and AEMT-level personnel at Hartford Hospital sponsored EMS services approved for BLS 12 lead ECG shall be authorized to apply 12 lead EKGs so as to acquire and transmit the results (as described below) once they have successfully completed a training program approved by the DPH Commissioner and taught by a Connecticut certified EMS instructor with prior notice and approval of the Hartford Hospital EMS Coordinator.

Indications: Any patient suspected of acute coronary syndrome, based on history and clinical findings including any of the following:

- Chest Pain, Pressure, or Discomfort
- Radiating pain to neck, shoulder, back, or either arm
- Shortness of Breath/Difficulty Breathing
- Sweating incongruent with environment
- Abnormal heart rate
- Syncope / Near syncope
- Profound weakness/dizziness
- Nausea, Vomiting
- Epigastric Pain
- Previous cardiac history
- Other cardiac risk factors (hypertension, diabetes, history of smoking, obesity, family history of heart disease, hypercholesterolemia)

Contraindications: None

Procedure:

- a) Acquire a 12-lead on all patients suspected of Acute Coronary Syndrome (see above) on first contact.
- b) Explain to patient that a 12 lead EKG should be acquired and transmitted to the Physician.
- c) Place patient in position of comfort (semi-fowler's or supine preferred)
- d) Attach 12 lead EKG electrodes per placement guideline (see 12 lead procedure in North Central CT Regional EMS Patient Care Guidelines).
- e) Verify that all leads are securely attached.
- f) Have patient relax and limit movement

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(continued)

- g) Acquire 12 lead EKG.
 - a. If EKG 'readout' states ***Acute MI Suspected*** or **Meets STEMI Criteria*** and patient is hemodynamically stable:
 - i. Begin rapid transport to Cardiac Care Center with emergent Percutaneous Coronary Intervention capability
 - ii. Transmit EKG to Cardiac Care Center and make radio contact with Cardiac Care Center and advise of "STEMI Alert".
 - h) If ***Acute MI Suspected*** or ***Meets STEMI Criteria*** is not displayed, transport to patient's preferred hospital.
 - i) Continue to coordinate Paramedic intercept.
 - j) Prepare to repeat 12 Lead EKG at 10 minute intervals or change in condition.

Note: A normal 12 Lead EKG does not rule out the possibility of ischemic cardiac disease and must NOT be used to screen patients or rule out Acute Coronary Syndrome in the pre-hospital setting.