

12-LEAD ECG	
ADULT	PEDIATRIC (≤34KG)
<b>BLS</b>	
Universal Protocol #601	
<b>BLS Optional</b>	
Pulse Oximetry – O <sub>2</sub> administration per Airway Management Protocol #602	
<b>ALS Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Used in conjunction with appropriate EMS Protocol or at paramedic discretion</li> <li>• Obtain early</li> <li>• Serial 12-lead ECGs should be obtained when possible</li> </ul>	
<b>Base Hospital Orders Only</b>	
As needed	
<b>Notes</b>	
<ul style="list-style-type: none"> <li>• Indications:                             <ul style="list-style-type: none"> <li>○ Signs and symptoms suggestive of Acute Coronary Syndrome (ACS) as defined in Chest Pain/ Acute Coronary Syndrome Protocol #640</li> <li>○ Atypical symptoms or anginal equivalents such as shortness of breath, syncope, dizziness, weakness, diaphoresis, nausea/vomiting or altered level of consciousness</li> <li>○ Cardiac dysrhythmia/respiratory distress/cardiogenic shock</li> <li>○ Post cardioversion</li> <li>○ Cardiac arrest patients with return of spontaneous circulation (ROSC)</li> <li>○ Diabetic patients with shortness of breath</li> </ul> </li> <li>• Consider not performing a 12-lead ECG:                             <ul style="list-style-type: none"> <li>○ Trauma unless an event of cardiac origin is suspected</li> <li>○ An uncooperative patient</li> </ul> </li> <li>• Documentation                             <ul style="list-style-type: none"> <li>○ 12-lead ECG shall be a part of the patient record – either attached or as part of an ePCR</li> <li>○ A copy of the 12-lead ECG shall be delivered to the personnel at the receiving hospital responsible for continued care of the patient and be included in the patient care record</li> </ul> </li> <li>• Contact and transport to STEMI Receiving Center (French or Marian) when:                             <ul style="list-style-type: none"> <li>○ Positive reading for STEMI – “Acute MI Suspected” or equivalent reading</li> </ul> </li> </ul>	