

12-LEAD ECG	
ADULT	PEDIATRIC (≤34KG)
BLS	
Universal Protocol #601	
BLS Optional	
Pulse Oximetry – O ₂ administration per Airway Management Protocol #602	
ALS Standing Orders	
<ul style="list-style-type: none"> • Used in conjunction with appropriate EMS Protocol, or at paramedic discretion • Obtain early • Serial 12-lead ECGs should be obtained when possible 	
Base Hospital Orders Only	
As needed	
Notes	
<ul style="list-style-type: none"> • Indications: <ul style="list-style-type: none"> ○ Signs and symptoms suggestive of Acute Coronary Syndrome (ACS) as defined in Chest Pain/ Acute Coronary Syndrome Protocol #640 ○ Atypical symptoms or anginal equivalents such as; shortness of breath, syncope, dizziness, weakness, diaphoresis, nausea/vomiting or altered level of consciousness ○ Cardiac dysrhythmia/respiratory distress/cardiogenic shock ○ Post cardioversion ○ Cardiac arrest patients with return of spontaneous circulation (ROSC) ○ Diabetic patients with shortness of breath • Consider not performing a 12-lead ECG: <ul style="list-style-type: none"> ○ Trauma unless an event of cardiac origin is suspected ○ An uncooperative patient • Documentation <ul style="list-style-type: none"> ○ 12-lead ECG shall be a part of the patient record – either attached or as part of an ePCR ○ 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 • Contact and transport to STEMI Receiving Center (SRC), French or Marian, when: <ul style="list-style-type: none"> ○ Positive reading for STEMI – “***STEMI***” or equivalent reading ○ STEMI Alerts or ROSC and when capable – transmit the 12-lead ECG to the receiving SRC (French/Marian) per STEMI Triage and Destination Policy #152 ○ 12-Lead Consults - Contact the SLO SRC (French) when transmitting 12-lead ECG for consultations per STEMI Triage Destination Policy #152 	