

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

SUBJECT: 700.03

**CARDIAC EMERGENCIES:
PREHOSPITAL 12-LEAD
EKG POLICY**

**ORIGINAL ISSUE 5/08
LATEST REVISION 5/08**

A 12-lead EKG should be obtained on all patients presenting with chest pain. An EKG is also recommended on all patients complaining of atypical symptoms without chest pain (ex: SOB, epigastric pain, nausea, sweating, etc). The ultimate goal of obtaining pre-hospital EKG's is to shorten the interval from presentation of the myocardial infarction patient to revascularization in the cardiac catheterization lab. The role of the pre-hospital care provider is to **identify** those patients who are at risk for an acute myocardial infarction, to **obtain** a 12-lead EKG, and to **transmit** the EKG to medical control. **As a general rule, only EKGs showing acute ST segment elevation myocardial infarction should be sent to medical control.** The remainder should be given to ER staff on arrival.

The following outlines the guidelines for prehospital EKG's:

Note: These treatment and assessment parameters should be done simultaneously and accomplished within the first few minutes. They do not necessarily have to be done in this order, but they should all be accomplished rapidly.

STEP 1: Identify the patient who is at risk

- Any patient with complaint of chest pain.
- Any patient with ischemia-related symptoms: i.e. arm/neck pain, shortness of breath, etc.

STEP 2: Obtain 12-Lead EKG

- If 12-Lead EKG shows acute ST segment elevation myocardial infarction, transmit to medical control as soon as possible accompanied by a report.
- This report should include the patient's name, date of birth, and cardiologist.

STEP 3: Initiate Routine Cardiac Care

- O₂
- IV
- Cardiac Monitor
- Vital Signs Assessment
- Aspirin (per protocol)
- Pain relief measures (see Chest Pain protocol)
- Transport