

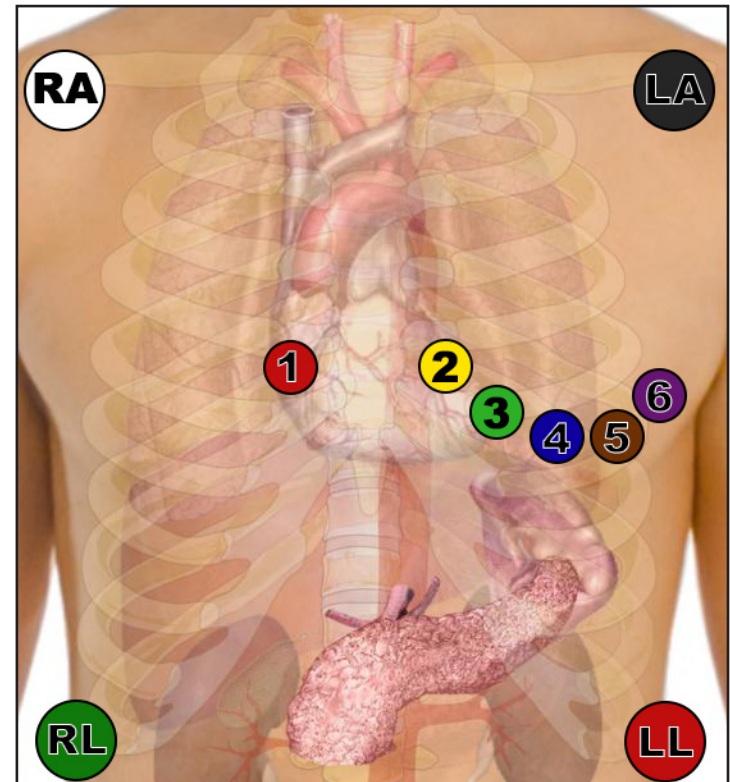
12-Lead ECG

Indications:

- Chest pain
- Palpitations
- Shortness of breath
- Syncope
- Lightheadedness / presyncope
- Medication overdose
- Electrical injuries
- Suspected stroke
- Altered mental status
- Abdominal pain above umbilicus
- Age >65 with nausea/vomiting
- Congestive heart failure

PROCEDURE:

1. Turn on ECG monitor and connect electrodes.
2. Enter patient information (e.g. name, age).
3. Expose the chest and prepare the skin as necessary (e.g. shaving, drying). The modesty of the patient should be respected.
4. Apply electrodes to the patient:
 - **RA**—Right arm • **LA**—Left arm
 - **RL**—Right leg • **LL**—Left leg
 - **V1**—4th intercostal space, right sternal border
 - **V2**—4th intercostal space, left sternal border
 - **V3**—Between V2 and V4
 - **V4**—5th intercostal space, midclavicular line
 - **V5**—5th intercostal space, anterior axillary line
 - **V6**—Posterior to V5, midaxillary line
5. Instruct the patient to remain still.
6. Acquire the 12 Lead ECG.
NOTE: If the monitor detects a noisy signal (e.g. patient movement, loose electrode), the acquisition will be interrupted. The noise must be corrected before reacquiring the ECG.



If the 12-lead ECG is interpreted as a STEMI, transmit the ECG to the receiving hospital and then transmit a STEMI Alert.