



Rapid 12-lead ECG & Suspected ACS Checklists

Refer to [12-lead Clinical Procedure](#) and Applicable Clinical Guidelines based on Patient Condition.

Rapid 12-lead ECG

- Any patient ≥ 30 years of age with any of the following criteria:
- [Suspected cardiac patient](#) - Pain between naval and jaw; Pressure, discomfort, tightness or heartburn; "Heart racing", "palpitations", or "heart is too slow"; CHF signs and symptoms
- Electrical injuries
- [Syncope](#)
- Severe weakness
- New onset of [stroke](#) symptoms
- Suspected [overdose](#)
- Patient of any age with any of the above symptoms and history of cardiac disease, diabetes, obesity, family history of CHD, recent contain use, or syncope
- \geq PL4 discretion

If the patient meets any of the above criteria, then \geq PL2 providers are to attach ECG electrodes as soon as possible and \geq PL4 providers are to obtain a 12-lead ECG within 5 minutes of patient contact. If STEMI, then declare [STEMI Alert](#) and transmit 12-lead ECG as soon as possible to the transport hospital.

Suspected Cardiac Chest Pain / ACS Checklist

- Rapid 12-lead ECG criteria/acquisition
- [Aspirin](#), if not allergic, chewed
- [Oxygen](#) targeted SpO₂ 92-96%
- If STEMI, then:
 - Symptomatic and ≥ 1 mm ST elevation in 2 contiguous leads and no STEMI Alert exclusions.
 - Immediate packaging and transport.
 - Declare STEMI Alert and transmit 12-lead ECG as soon as possible.
 - Defer additional treatment until enroute.
- [NTG](#) SL and paste if:
 - SBP > 100 mmHg.
 - No allergies to NTG.
 - No Viagra/Levitra last 24 hours.
 - No Cialis last 48 hours.
 - IV as time permits.
- [Fentanyl](#) for persistent pain
- Contact Receiving facility, via radio preferred or phone if radio is not working.