

EKG INSTRUCTIONS

ADULT

PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

AEMT

- ❑ 12 Lead EKG (If available) on the following patients:
 - Pain in chest or upper abdomen
 - Cardiac dysrhythmia
 - Syncope or near syncope
 - Acute general weakness
 - Acute dyspnea
 - Post arrest if spontaneous circulation returns
 - Concern for ACS presentation
- ❑ Do **NOT** attempt an EKG if the following are present:
 - Severe trauma
 - Cardiac or respiratory arrest with ongoing resuscitation
 - Life-threatening situation when an EKG would hinder your ongoing efforts
 - Uncooperative patient
- ❑ Acquire and transmit EKG to a STEMI/PCI Receiving Center (if available) or nearest EKG receiving facility depending on local availability
 - All completed EKG's should be transmitted from the field
 - Remember that not all automated readings are correct
- ❑ If the patient has a STEMI/PCI then transport to the closest available STEMI/PCI Receiving Center.
 - Advise receiving hospital of possible STEMI as soon as identified and in advance of arrival.
 - Confirm that a catheterization lab will be available for the patient. If NOT then consider transporting to a different STEMI/PCI receiving center, based on medical control guidance
- ① Confirm with OLMC if there are any questions

PARAMEDIC

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 - Severe trauma
 - Cardiac or respiratory arrest with ongoing resuscitation.
 - Life-threatening situation when an EKG would hinder your ongoing efforts.
 - Uncooperative patient.
- ❑ Acquire and transmit ECG as per adult recommendations
- ① Destination guidelines as per OLMC

PARAMEDIC