



History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none">▪ Preceding symptoms▪ CPR and/or treatment PTA▪ Past Medical History (CABG, CAD, HTN, CHF, MI, Hyperlipidemia)▪ Significant comorbidities (elderly, diabetic, obese, etc.)	<ul style="list-style-type: none">▪ AMS▪ Slow, fast or absent pulse▪ Irregular pulse▪ Dyspnea/apnea▪ Chest pain/palpitations▪ Diaphoresis▪ Pale, ashen, or mottled skin▪ Syncope

Assessment:

- CABC
- Secondary Assessment
- Vital Signs (SpO₂, ETCO₂, BG, NIBP, etc.)
- EKG 3-Lead and 12-Lead
 - Right sided 12-Lead if indicated
 - Posterior 12-Lead if indicated
- Lung sounds
- GCS
- OPQRST
- ASPN
- SAMPLE
 - Include History of:
 - Viagra (sildenafil)
 - Levitra (vardenafil)
 - Cialis (tadalafil)
 - Or similar medications within the last 48 hours – **DO NOT ADMINISTER NTG IF ABOVE MEDICATIONS TAKEN WITHIN LAST 48 HOURS**

Considerations:

- Assessment, including 12-Lead, should be performed prior to movement of patient whenever possible
- Right Sided 12-Lead Indications:
 - ST elevation in II, III, aVF
 - Lead III particularly because it is closest to the right ventricle
 - ST elevation in V₄R, sensitive for right ventricle infarction
- Posterior 12-Lead Indications:
 - ST Depression in V₁, V₂, V₃
 - Posterior wall MI is the most commonly missed MI
 - ST elevation in V₇, V₈, or V₉ sensitive for posterior wall MI