

AGENCY: _____
SECTION: Additional Patient Care Therapies
SUBJECT: BLS 12-Lead Acquisition
DATE: _____

Purpose:

To enable (Place department name here) NYS credentialed Basic Life Support (BLS) EMS providers to obtain and transmit 12-lead ECG's to the hospital in accordance with NYS BLS Adult Cardiac Related Problem protocols. Consider 12-lead ECG for adults with any one of the following: dyspnea, syncope, dizziness, fatigue, weakness, nausea, or vomiting. This policy is for acquisition and transmission of 12-lead ECG only, it is not within the scope of practice for a BLS provider to interpret an ECG.

Education/Credentialing:

All Basic Life Support EMS providers are required to complete the regional 12-lead training that includes a didactic presentation and skills evaluation. Additional training should be completed on application of specific device utilized by agency according to manufacturer recommendations. The initial training must be conducted by a regionally approved instructor. Annual agency training will occur on 12-lead acquisition. Training documentation will be retained by the agency in the provider's training files.

Quality Control:

A BLS 12-lead CQI form will be completed and left at the hospital, the hospital shall complete their section and forward the form to the North Country EMS Program agency via fax or email. 12-lead use will be documented on the patient care report in accordance with standard medical practice.

Oversight:

The agency CQI Committee with oversight by the Agency Medical Director will perform quality assurance evaluations on each 12-lead acquisition PCR.

Storage:

Store in such a way to prevent damage of unit

Safety:

The 12 unit needs to be securely mounted in the ambulance or within a cabinet

Required Amount:

Unit capable of 12-lead
Electrodes
Razor

Transmission process (Include each hospital that you have an agreement with)

Sample process below that can be copied and pasted into a checklist for providers

Hospital Name

_____ Perform 12-Lead in residence; take picture, text to ED **Insert # or process**

_____ Call **Hospital Name** on the radio or via cell at **Phone Number** and advise them that you have transmitted a 12-Lead to **insert where you are sending** for review by the ED Doctor

_____ Load patient into ambulance

_____ Call on radio and give complete report

Information to be conveyed to ED Doctor:

Chief Complaint/Symptoms

Vital Signs

Past Medical History:

Prior Cardiac Hx.

Diabetes

Hypertension

Hyperlipidemia

_____ Request appropriate ALS intercept based upon your hospital destination with dispatch (if unable to obtain intercept, ensure radio report is given to receiving hospital)

_____ Complete "Field Section" of CQI form and leave at hospital

_____ DELETE ECG from your cell phone