



Who requires a pre-hospital 12-lead ECG?



- **Patients \geq 35 years old** experiencing any of the following:
 - Chest pain or discomfort
 - Chest pressure or tightness
 - “Heartburn” or epigastric pain
 - Complaints of “heart racing” (HR $>$ 150 or irregular and $>$ 120)
 - Complaints of “heart too slow” (HR $<$ 50 and symptomatic)
 - Syncope
 - Severe weakness
 - New onset stroke symptoms ($<$ 24 hours old)
 - Difficulty breathing (with no obvious non-cardiac cause)
- **Patients (regardless of age) with any of the above symptoms and history of:**
 - Prior cardiac disease
 - A family history of early heart disease
 - Diabetes
 - Severe obesity
 - Recent cocaine use
 - Suspected overdose
- **Patients (regardless of age) who:**
 - Have had a recent electrical injury
- **If the provider has any doubt or uncertainty about the patient’s condition.**

Remember:

Women and diabetic patients are more likely to present with atypical symptoms

Elderly patients may have symptoms such as generalized weakness, altered mental status or syncope as their only sign of acute heart attack

Transmit the ECG to the receiving facility. If multiple 12-leads are obtained, transmit the one(s) that influenced your treatment decision(s).

NOTE:

The 12-lead monitor (when available) should routinely be carried in to the patient’s house upon EMS arrival and a 12-lead should be obtained (for these patients) as soon as possible. The 12-lead is to be obtained (when available) prior to any other ACS/AMI treatments per TEMS protocols.