ECG MONITORING
EMMCO WEST ALS GUIDELINE

Criteria:

A. Any patient who complains of cardiac type chest pain, i.e. pressure or heaviness.

B. Any patient with palpitations.

C. Any patient with symptoms that may be related to a previous history of angina, MI, CABG, valvular repair or replacement, HTN, or CVA.

D. Consider in any patient who complains of dizziness, dyspnea, weakness, diaphoresis, or patient with reported syncopal episode, particularly if over 45 years of age.

E. Any patient manifesting signs and symptoms of a stroke.

F. Any unconscious patient, adult or pediatric.

G. Any suspected drug abuser who complains of chest pain.

H. Any pediatric patient with a history of cardiac problems.

Procedure:

A. Determine the need for cardiac monitoring.

B. Clean lead sites with alcohol wipe to remove perspiration, dirt and dead skin cells. Allow areas to dry. Use benzoin preps for better adhesion on diaphoretic skin.

C. Attach leads at R and L subclavicular areas and L lateral chest area, avoiding the apex area of the heart.

D. Attach ECG lead wires to electrodes as coded, in a monitoring Lead II.

E. Attach cable to cardiac monitor/defibrillator.

F. Turn on ECG monitor and adjust sensitivity and QRS size to obtain the best possible picture.

G. Obtain at least a six-second strip and document the patient's name, date and time on the strip.

H. Obtain strips of any dysrhythmia, change in rate, changes due to medications given, or change in patient condition. Document patient's name, date and time. Sequentially number strips. Obtain a long enough strip so that documentation can be given to the hospital and documentation can be attached to the PaPCR.

I. Attach examples of baseline rhythm, changes in rhythm, changes due to medications given, or change in patient condition to the PaPCR.

Notes:

1. Utilization of cardiac monitoring means continuous monitoring from the scene, during transport, and continuing until care of the patient has been transferred to the staff of the receiving hospital.
2. Lead placement described under Procedure is for Standard Lead II. If the rhythm is not clearly displayed or the origin of the rhythm is not clearly defined, an alternate lead may be used to attempt to clarify the situation. An MCL-I lead is the most commonly used alternate lead. To display an MCL-I, place electrodes on the patient as for Standard Lead II. Connect wires to patient as follows:
   R shoulder (white=negative) to L shoulder
   L shoulder (black=ground) to 4th intercostals space just right of sternum
   L leg (red=positive) as in Standard Lead II
   R leg (green = ground)
   To ensure the proper QRS configuration in the MCL-I lead, leave the monitor in Lead II setting and move the red lead to the 4th intercostals space just right of sternum and the white lead to the left shoulder.
3. All cardiac monitor/defibrillators, including cables and lead wires should be checked on a regular basis to ensure that the equipment is functioning properly and that the batteries are fully charged.
