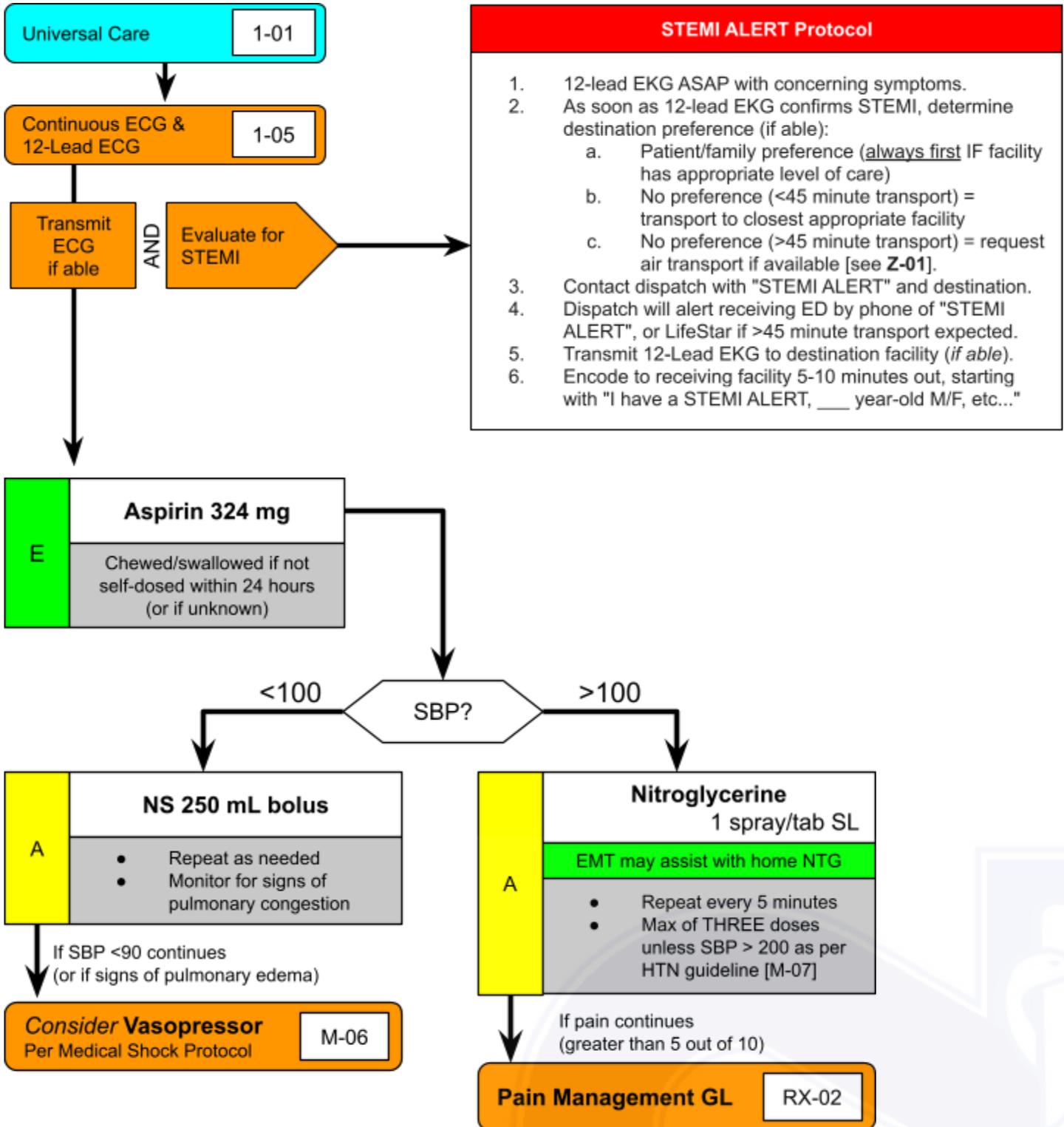


EMT or AEMT may run and transmit 12-lead EKG's when service specific training is provided.

First Responder  
EMT  
AEMT  
Paramedic



## NOTES:

- EMT/AEMT may **run and transmit** 12-lead EKG's after service specific training.
  - EMT/AEMT cannot base treatment decisions on the 12-lead EKG.
  - For patients with symptoms concerning for STEMI, notify the receiving ED that the 12-lead was transmitted so that it can be interpreted and STEMI code activated if appropriate.
- Do not administer Nitroglycerin in any patient who has used an erectile dysfunction medication due to potential severe hypotension:
  - Viagra (sildenafil) or Levitra (vardenafil) in the past 24 hours, or
  - Revatio (sildenafil)--used for pulmonary hypertension--in the past 24 hours, or
  - Cialis (tadalafil) in the past 48 hours.
- Diabetics and geriatric patients often have atypical pain, or only generalized complaints such as abdominal pain, nausea, indigestion, back pain, etc.
- Hypersympathetic state from stimulant abuse (e.g. cocaine or methamphetamine) usually presents with sustained HR >120 bpm and HTN. If chest pain occurs in setting of stimulants utilize benzodiazepine per Excited Delirium [F-01] /Sedation [RX-03] Protocol in addition to above.

## QI Review Parameters (Chest Pain):

1. 12-Lead ECG performed and attached to PCR?
2. Appropriate Interpretation of 12-Lead ECG? (*Within reason*)
3. ASA given (or documented "given PTA" or allergy)?
4. **Male Only:** Viagra, Cialis or other erectile dysfunction drug use in past 24 hours documented?
5. NTG given appropriately?

## QI Review Parameters (STEMI):

1. Appropriate EKG Interpretation of STEMI?
2. 12-Lead Run within 10 minutes of Patient Contact?
3. EKG Transmitted to Destination?
4. Destination Facility notified of "STEMI Alert"? (*via dispatch or direct contact*)