

## MCFD / RVPA / SMEMPS 12-LEAD EKG DOCUMENTATION

Complete this form for **EVERY** 12-lead EKG that is acquired. Leave this completed form with the 12-lead attached, at the receiving hospital in the designated folder. For non-transport, forward to the designated representative/station within your agency. For **ABNORMAL** EKGs, leave a copy of the 12-lead at the hospital and make one additional copy to attach to the original PCR (for the agency).

<b>Date</b>	/ /	<b>Agency</b>		<b>Medic's Name</b>	
<b>AO#</b>		<b>Unit #</b>			

<b>Rhythm</b>		<b>Rate</b>	/minute		
<b>Two Contiguous ST Segments Elevated</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	<b>Leads If Yes</b>			
<b>Imposter Present</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	<b>Circle If Yes</b>	LBBB	LVH	Benign Early Repolarization
<b>Does this EKG constitute a STEMI?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no		Pacer	Pericarditis	Ventricular Aneurysm

Other Notes or Comments: \_\_\_\_\_

Attach 12-Lead EKG here.