

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).

Date	/ /	Agency		Medic's Name	
AO#		Unit #			

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

Other Notes or Comments: _____

Attach 12-Lead EKG here.