

Western Regional Emergency Medical Advisory Committee

Title: BLS 12-lead EKG Acquisition/Transmission	Policy # 2018-1
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Effective Date:	01/17/2018								
Reviewed:									
Updated:									

Policy	<p>In order for an agency to be approved for BLS 12-lead EKG acquisition and transmission, all of the following requirements must be submitted to the WREMAC via the program agency:</p> <ul style="list-style-type: none"> • An agency specific policy, which meet all requirements of this policy, the Bureau of EMS policy and the Collaborative Protocols. • A letter from the medical director supporting the agency’s participation in the program • A letter from the agency chief (or equivalent) describing <ul style="list-style-type: none"> ○ The agency training process ○ The number of providers they anticipate to credentialing ○ The device they anticipate utilizing ○ The agency QI process
Procedure	<p>In order to be credentialed to acquire and transmit 12-lead EKGs, an EMT or AEMT must meet all of the following requirements:</p> <ul style="list-style-type: none"> • Complete a course which meets or exceeds the BLS Acquisition and Transmission of 12-lead ECG course developed by the WREMAC¹ • Complete an orientation for Acquisition and Transmission of 12-lead ECG specific to the device used by the agency¹ • Demonstrated competency in Acquisition and Transmission of 12-lead ECG specific to the device used by the agency¹ • Function within an agency that has been approved to perform BLS Acquisition and Transmission of 12-lead ECG <p>The WREMAC does not endorse any specific device, but all 12-lead ECG monitors used under this policy must have the ability to transmit to the receiving hospital via a cellular signal or similar technology.</p> <p>If credentialed, an EMT or AEMT may perform a 12-lead ECG if they suspect their patient is having a cardiac related problem. According to the collaborative protocols, providers should “consider 12-lead ECG for adults, with any one of the following: dyspnea, syncope, dizziness, fatigue, weakness, nausea, or vomiting.”</p>

Agencies should work with their community and local hospitals to determine when EKGs must be transmitted. All EKGs upon which “*** ACUTE MI ***” (or device equivalent) shall be transmitted.

For patients with symptoms that change or are highly suspicious for cardiac etiology, providers should consider performing serial 12-lead EKGs, however they are only required to transmit the first 12-lead EKG, unless subsequent 12-lead EKGs have a new preliminary computer interpretation of “Acute MI”, or the device specific equivalent.

The agency should develop a policy along with their anticipated receiving hospital² regarding transmission and the use for online medical direction. At a minimum, that policy must include contacting on-line medical control for all 12-lead EKGs with a computer read of “Acute MI” (or the device-specific equivalent). Online medical direction should be contacted at the same hospital to where the 12-lead EKG was sent. If the equipment used by the agency does not have the ability to display an interpretation, then providers must contact online medical direction for each 12-lead ECG acquisition.

Whenever possible, and in accordance with on-line medical control, patients with 12-lead EKG-confirmed STEMI should be transported to a hospital capable of emergency PCI (aka STEMI center).

All incidents during which a 12-lead ECG is obtained must be reviewed by a physician or advanced practice provider (APP). An agency policy that ensures timely physician retrospective review will satisfy this requirement.

Agencies are not required to credential all EMT/AEMT providers to participate.

Emergency Medical Responders (EMRs) **may not** be credentialed to perform 12-lead ECGs under this policy.

1 Course/Orientation/Demonstration must be done by Medical Director or his/her designee who has been credentialed in the procedure.

Reference

NYS Bureau of EMS Position Statement 16-01
WREMAC Meeting Minutes (11/2017)