



12 Lead EKG Report

THIS FORM MUST BE COMPLETED WHEN 12 LEAD EKG IS OBTAINED. ATTACH A COPY OF THE PREHOSPITAL CARE REPORT (PCR) AND ALL 12 LEADS OBTAINED TO YOUR QI COORDINATOR

Date: _____ Agency: _____

Paramedic: _____ Unit: _____

Receiving Facility: _____ Run Number: _____

Patient Name: _____

Age: _____ Sex: Male Female

Pt. meds: _____

Indication for 12 Lead: _____

Prior Cardiac History: Yes No

Chest Pain During EKG: Yes No

ST Segment Elevation: Yes No

Paramedic Rhythm Interpretation: _____

Paramedic Interpretation of STEMI: Positive Negative Uncertain Other _____

Leads with Elevation: _____

EKG Transmitted: Yes No Time: _____

Destination Determination Based on 12 Lead EKG: Yes No

Comments:
