

OSF Saint Anthony Medical Center
OSF Northern Illinois EMS (NIEMS) System, #121
12-Lead ECG QI

PURPOSE: This form will be completed whenever a patient is being transported by an OSF NIEMS System ALS provider agency and the EMS personnel utilize the 12-Lead ECG monitor as a diagnostic device.

Ambulance Service: _____

Run: _____ Date of Service: _____

Receiving Hospital: _____

EMS Personnel: _____

Please complete and attach this QI form to a copy of the patient run report and forward/fax to the OSF NIEMS System office within 48 hours of the transfer.

12-Lead ECG Used Based Upon: ___ Pain ___ OPQRST ___ Previous Episodes
(Mark all that apply) ___ Weakness ___ Nausea ___ Vomiting
 ___ Diaphoresis ___ Dyspnea ___ Dizziness
 ___ Palpitations ___ Indigestion
History of ___ Cardiac ___ Hypertension ___ Diabetes ___ CVA

EMT Interpretation of ECG: ___ STEMI ___ NON-STEMI

Emergency Department MD ECG Interpretation: ___ STEMI ___ NON-STEMI ___ MD Initials

Technical:

How Long Did It Take To Obtain The 12-Lead ECG? _____ Minutes

How Long Did It Take From 12-Lead ECG Acquisition To Transmission To The ED? _____ Minutes

Any Difficulties With: ___ Lead Placement ___ Artifact ___ Equipment Malfunction
Explanation: _____

Any ECG Transmission Problems? ___ Yes ___ No
If problem, please explain. _____

Were there any other problems encountered during 12-Lead ECG placement, acquisition, or transmission:
Explain: _____

Receiving Hospital MD or RN Signature: _____

FAX #: 815-395-4623