Maine EMS 12 Lead QI Form

Date of service: ______________   Patient age: __________

EMS Service: _________________   EMS Service Number: _______

MEMS Report #:________________   Provider License Number: ________

Case Type: (circle one) Medical / Trauma   Hosp Med Record #: ____________

Hospital Name: ___________________________________

Suspected Problem: __________________________________________

Time at onset of symptoms: _____________ (use military time)

**12 Lead EKG Interpretation**

Sinus Afib SVT RBBB LBBB Other__________ Rate______

STEMI?  (circle one)    Yes     No

Leads involved_________________________    Elevation in mm_________

(circle one)

Inferior Anterior Anterolateral Lateral Posterior

If ACS (Acute Coronary Syndrome) was suspected, was ASA given? (circle one)    Yes     No

Given by:    EMS    Patient    Family/Bystander

Did you communicate your findings to the receiving hospital? (circle one)    Yes     No

Presented copy of 12 Lead EKG: (circle one)    Yes      No

If STEMI, did paramedic request cardiac cath lab activation? ______________

If yes, at what time: ____________ (military time)

**Hospital Follow-up**

Was the interpretation recorded on the run sheet by a paramedic? (circle one)    Yes     No

Was the EKG interpretation correct? (circle one)    Yes      No

What was your interpretation: ________________    Your Name: ___________________

Who interpreted the EKG after the call? (circle one)

ED Physician    Cardiologist    Service Med Dir    Regional Med Dir

Please attach a copy of the 12 Lead to this form.