



Maine EMS 12 Lead QI Form

Date of service: _____

Patient age: _____

EMS Service: **NorthStar**

EMS Service Number: **491**

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.