

PROTOCOL FOR: ECG: Assessment of Cardiac Status Using the 12-Lead ECG

- DESIRED
PATIENT OUTCOME:
1. Patient will receive appropriate treatment based on correct interpretation.
 2. 12-lead ECG will be performed when necessary.

CLINICAL
ASSESSMENT/
AND CARE:

1. Indications:
 - a. All patients will have an ECG taken in the following situations:
 - 1) Chest Pain:
 - a) Patient experiencing new episodes of chest discomfort, not known to have had chest pain before where nursing assessment leads to the possibility of myocardial ischemic pain.
 - b) Every 2 hours or per MD order during continuous uncontrollable chest pain
 - c) Any pain which does not respond to the usual therapies, i.e., O₂, NTG, rest.
 - d) Any patients experiencing pain which is not diagnosed or which the medical staff feels may be associated with coronary spasm.
 - 2) Any onset of diaphoresis, dyspnea, or light-headedness associated with new activity levels, or mental stress.
 - 3) To Validate Rhythm Changes:
 - a) Any new irregularity or pulse deficit.
 - b) Extreme rate changes of brady or tachy rhythms as well in rhythms where P waves are difficult to assess (junctional tachycardias, AV dissociation, ventricular tachycardia).
 - c) Observations regarding loss of sensing or capturing ability of a pacemaker or rhythm strip of HR less than pacer set rate.
 - d) Observations of BBB or axis shift, or voltage/polarity changes of P, QRS, or T waves.

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- e) Any rhythm changes requiring pharmacologic intervention (unless actively involved in resuscitation of patient).
 - f) Validation of location/evolution of myocardial infarction.
 - g) Any suspected ventricular tachycardia to identify axis, presence of AV dissociation, and presence of precordial concordancy.
2. The patient's MD will be called in any of the above situations and a comparative analysis will take place along with the nursing assessment of the patient's status.
 3. All ECG forms are to be complete with age, sex and reason for the ECG being taken (to include but not be limited to: pain, arrhythmia, etc.).

APPROVAL: ICU Standards Committee
Nursing Standards Committee

EFFECTIVE DATE: 2/88

REVISION DATES: 2/90, 10/90, 1/92, 1/93, 1/95, 3/96, 5/00, 10/03