

**NORTHWEST  
COMMUNITY  
EMERGENCY  
MEDICAL  
SERVICES  
SYSTEM**



**System Memo # 317  
Please POST**

to: All Paramedics

from: Diana Neubecker RN BSN EMT-P  
EMS System In-Field Coordinator

date: April 22, 2010

re: **12-L ECG & CPAP  
SOP Clarification**

Recently we were asked to clarify when a 12-L should be done - when treating a pt with CPAP. The answer is:

"12-L before or during CPAP application....it doesn't really matter which; just be sure to do it."

We realize during calls with multiple EMS providers present, things often occur simultaneously. Some things to consider:

1. Always check pts ECG rhythm before beginning CPAP - to rule out a tachydysrhythmia (e.g., VT/SVT/rapid AF) that could be causing HF symptoms.
2. Do 12-L w/ first set of VS.
3. When prepping & applying 4 limb leads for ECG rhythm analysis; prep & apply the 6 chest leads at the same time.
4. Always do a 12-L when treating pts in HF to look for acute ischemia/infarction that may be the cause - so a cardiac alert can be initiated ASAP. Acute MI pts in HF (often anterior wall MI's) are high risk and really need prompt & aggressive treatment.
5. NTG can eliminate some ischemic ST changes, so getting a 12-L before NTG may be useful.
6. Acute MI or ischemia is NOT a contraindication for CPAP.

If you have any questions or concerns, please contact us.