#### 12 Lead ECG (Module Five) STEMI (Part I) Jim Lockard, EMT-P, AAS

Module One – The "Starting Point" Module Two – Rate and Rhythm Module Three – Conduction Module Four – Hypertrophy **Module Five – STEMI Part I** Module Six – STEMI Part II Module Seven – Putting it all together Module Eight – Let's look at some real STEMI's

#### Part I and Part II Objectives

#### Part I

- Where to look and why?

#### Part II

- What to look for and what does it mean?

#### Systematic Approach to Reading a 12 Lead ECG

- Rate
- Rhythm
- Conduction
  - Axis Deviation, Hemi-Blocks
  - Bundle Branch Blocks
- Hypertrophy
- Ischemia, Injury, or Necrosis

What do these terms mean?
Ischemia – Lack of oxygenation
Injury – The start of cellular destruction
Necrosis – Cellular death
Hypoxia – Below normal oxygen levels

### What causes cardiac hypoxia?

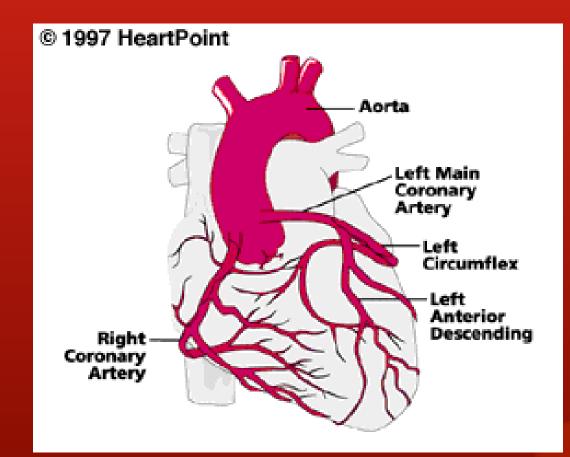
#### What is a Heart Attack?

Acute Myocardial Infarction (AMI or MI)

 A blockage in one or more of the coronary arteries of the heart

#### Benefits of pre-Hospital 12 Lead

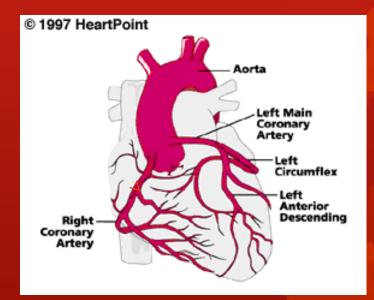
- Destination criteria
- Effective management based on the type of MI
- Prelude to possible sudden death

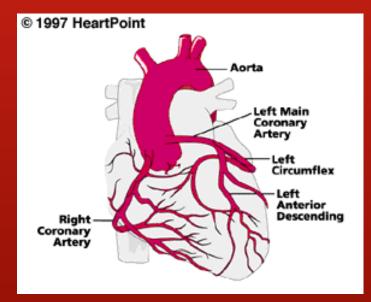


#### **Right Coronary Artery (RCA)**

#### Supplies blood to:

- Inferior Wall
- Posterior Wall
- Sometimes Lateral

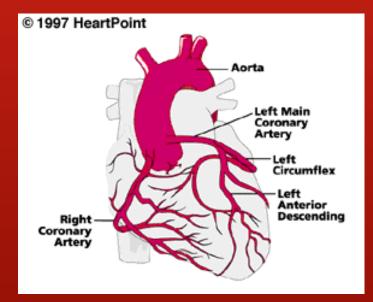




#### **Left Main Artery**

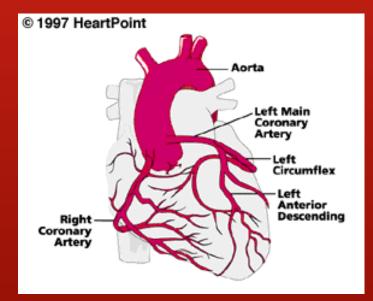
Branches off into two smaller arteries: - The Circumflex

 The Left Anterior Descending



#### **Circumflex**

Supplies blood to:
High Lateral Wall
Part of the Posterior Wall



#### Left Anterior Descending(LAD)

Supplies blood to:Septal/AnteriorLow Lateral Wall

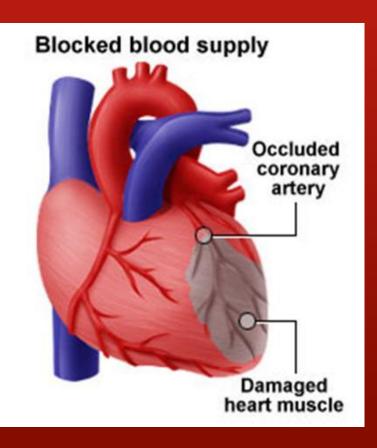
## The "Phases" of Cardiac HypoxiaIschemia – Lack of oxygenation



# The "Phases" of Cardiac Hypoxia Injury – The start of cellular destruction



#### The "Phases" of Cardiac Hypoxia Necrosis – Cellular death



#### **Contiguous** Con-tig-u-ous

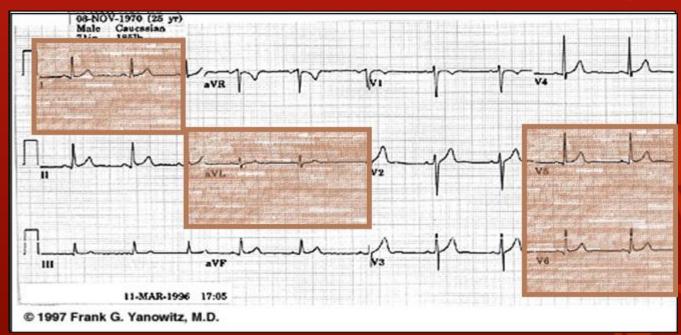
Touching or connected throughout in an unbroken sequence

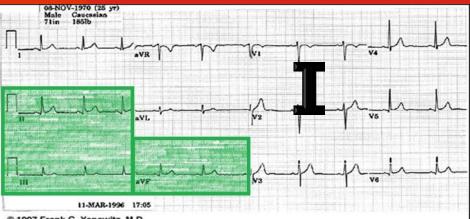
Changes resulting from one blockage?

#### Groupings/Contiguous Leads

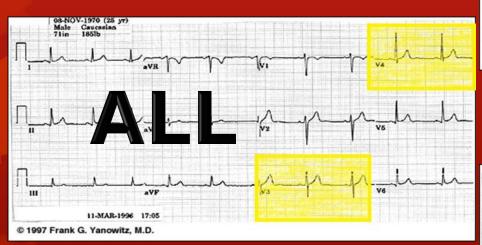
	aVR	V1	V4
Lateral		Septal	Anterior
	aVL	V2	V5
Inferior	Lateral	Septal	Lateral
III	aVF	V3	V6
Inferior	Inferior	Anterior	Lateral



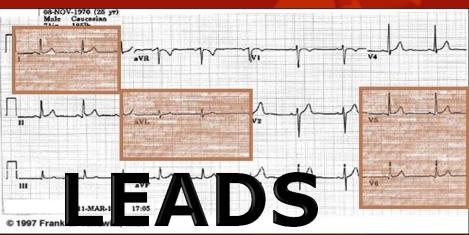




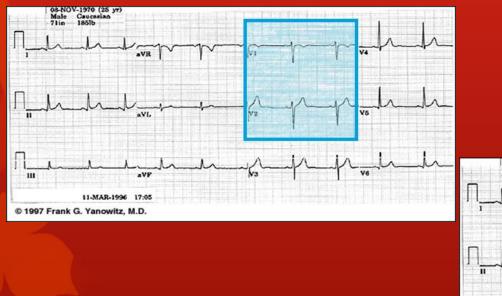


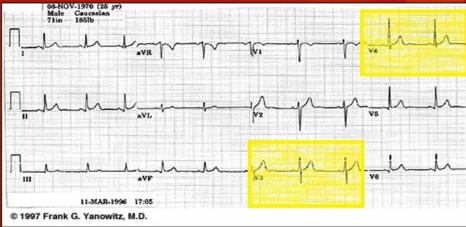




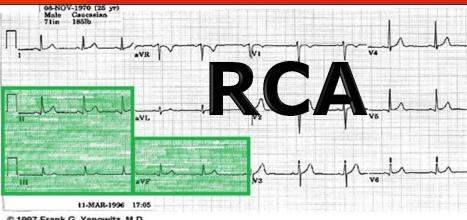


#### Could these leads be considered contiguous?

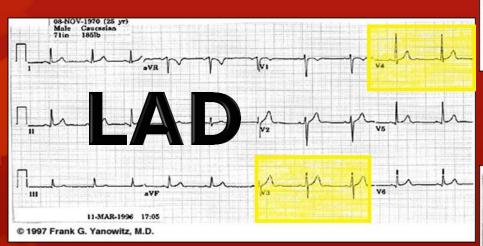


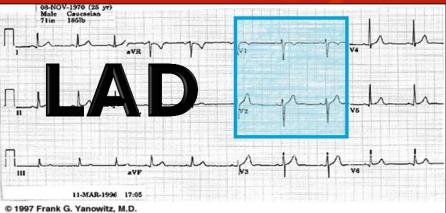


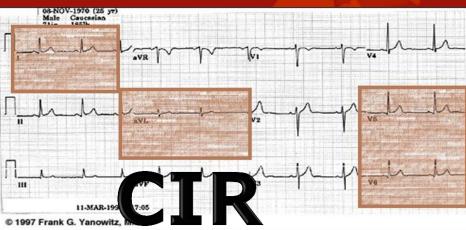
Yes, changes could be from one blockage in the Left Main or LAD.



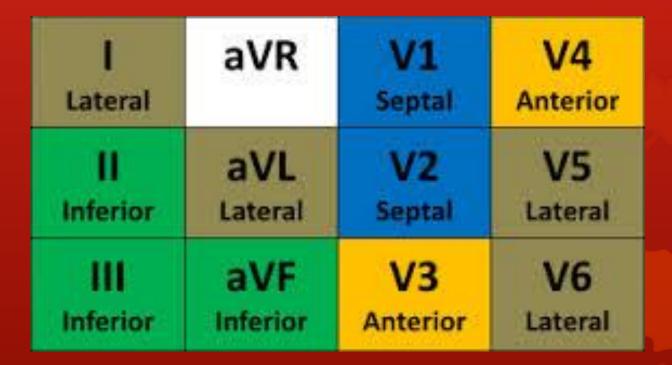








#### What about the posterior wall?

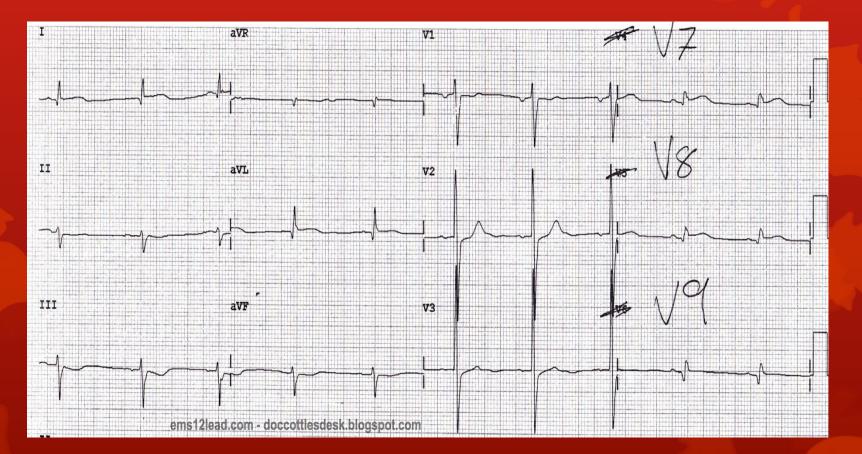


Look up the work "reciprocal" before the next class.

#### Can leads be moved around?

	aVR	V1	V4
Lateral		Septal	Anterior
	aVL	V2	V5
Inferior	Lateral	Septal	Lateral
III	aVF	V3	V6
Inferior	Inferior	Anterior	Lateral

#### Can leads be moved around?



#### Who, where, and why?

Who see's where? Inferior II, III, AVF, V4R? Septal V1 and V2 Anterior V3 and V4 I, AVL, V5, and V6 Lateral V7, V8, V9, and V1 Posterior



#### Who, where, and why? What coronary arteries? II, III, AVF, V4R? RCA Left Main, LAD V1 and V2 LAD V3 and V4 Circumflex, LAD I, AVL, V5, and V6 V7, V8, V9, and V1 RCA, Circumflex

#### Questions?