



Nixa Fire Protection District
(417) 725-4025

PRE- HOSPITAL ECG

Incident # _____



Patient name: _____ Age: _____ Sex: _____ Time: _____ Date: _____

None Normal LBBB RBBB Paced Rhythm MI Unconfirmed _____

Ischemia Unconfirmed _____ Other _____

Interpretation _____

ST Depression (circle) 1 2 3 aVL aVF aVR V₁ V₂ V₃ V₄ V₅ V₆ **ST Elevation (circle)** 1 2 3 aVL aVF aVR V₁ V₂ V₃ V₄ V₅ V₆

Medic: _____ Ambulance ID _____ Time Faxed: _____ Nurse Contacted: Y / N

St. John's ER Fax: 820-5344
Cox South ER Fax: 269-4252