I. PURPOSE
This policy defines the requirements for transmission of cardiac monitor data and is applicable to all ALS EMS transport providers and ALS first responders. The collection of data is used to improve patient care and is crucial to the progression of the EMS system.

II. POLICY
A. EMS personnel shall transmit cardiac monitor data in accordance with this policy for EMS patient responses regardless of patient outcome. This includes calls where a unit responded and a patient was not transported.

B. Optimally, a single cardiac monitor should be used to gather data, particularly with regard to cardiac arrest or continuous monitoring of patients with advanced airways.

III. 12-LEAD ECG TRANSMISSION
A. A 12-Lead ECG that indicates that a patient is experiencing a STEMI should be transmitted to the identified STEMI receiving center where the patient is to be transported.

B. For all other 12-Lead ECGs, at least one 12-Lead should be transmitted to the receiving hospital the patient is to be transported to, as well as other monitoring site(s) identified by the provider’s agency.

C. At a minimum, 12-Lead ECGs should be electronically labeled with the incident number and initials of the first and last name of the patient. Provider agencies may require additional labeling.

D. Once a STEMI 12-Lead has been transmitted to a STEMI receiving center, the receiving hospital should be notified as soon as possible following the 12-Lead transmission to verify receipt and to provide a STEMI alert.

E. A physical copy of 12-Lead ECGs must be provided to the receiving hospital.

IV. CARDIAC ARREST AND OTHER CARDIAC MONITOR DATA TRANSMISSION
A. Cardiac monitor data must be transmitted for the following types of patients:
   1. Cardiac arrests. All patients in cardiac arrest must be monitored in “paddles mode” to ensure vital data is captured/transmitted.
   2. Any patient that is identified to have and/or is treated for a cardiac dysrhythmia.
   3. Any patient who is treated using a treatment guideline that requires an advanced airway and/or EtCO2 monitoring.
   4. At a minimum, cardiac arrest and other cardiac monitor data transmission should be electronically labeled with the incident number and initials of the first and last name of the patient. Provider agencies may require additional labeling.