
American Heart Association Dallas Office
8200 Brookriver, Classroom A on 1st Floor
www.heart.org/caruth

Conference Call Number 866-506-5191, Participant Pass code 335721#
Co-Chairs: Karen Pickard and Chris Weinzafel
Staff Liaison: Dawn Kregel

Attendees:

Name	Organization
Bob Brockie	Texas Health Presbyterian Dallas
Chris Weinzapfel (teleconference)	Rowlett Fire Rescue
Christine Walker (teleconference)	Methodist Dallas Medical Center
David French (teleconference)	Baylor Healthcare System
Karen Pickard	UT Southwestern Medical Center
Kristine Herington	Las Colinas Medical Center
Liz Fagan (teleconference)	Methodist Richardson Medical
Nikki Rupe	UT Southwestern Medical Center Dallas
Richard King (teleconference)	UT Southwestern Medical Center
Rocky Galvan	UT Southwestern Medical Center Dallas
Ryan Wolford (teleconference)	Methodist Dallas Medical Center
Stephen Bock	Farmers Branch Fire Department
Steve Deutsch (teleconference)	Irving Fire Department
Dawn Kregel	American Heart Association
Diana Ramirez	American Heart Association
Leilani Stuart	American Heart Association
Russell Griffin	American Heart Association

- 1. 0730 Welcome & Introductions Chris**
Exhibit 1A Roster
Exhibit 1B Minutes from March 9, 2011

Background:

Introduction of Subcommittee members and AHA Staff

Goal of the Education Subcommittee is to assess AMI knowledge gaps in hospital and EMS staff and develop an educational curriculum and delivery plan for the curriculum.

Action:

Edit the subcommittee roster and approve

Minutes:

Roster – Information Only

Minutes – Approved

2. 0735 **Protocol Report** **Chris**
Exhibit 2A EMS CP/ACS Guideline
Exhibit 2B Hospital Protocol

Background:

To ensure communication of protocol subcommittee's information is communicated to the education subcommittee for process improvement success. Goal of this subcommittee is to establish and implement regional transport, triage and treatment protocols

Action:

To include in the survey for hospital and EMS, with the implementation of education to meet the goals of the overall committee's responsibilities.

Minutes:

Information Only

3. 0740 **Conference Planning report** **Karen**
Exhibit 3A Poster Application
Exhibit 3B Agenda for Conference Day 1
Exhibit 3C Agenda for Conference Day 2

Background:

Goal of the Conference Planning subcommittee is to plan the content, format, and speakers for a regional professional education conference on the latest treatment and system initiatives for the management of patients with AMI.

Action:

Information only

Minutes:

- Agenda – Information Only
- Poster Application – Dr. Morley Herbert from Medical City has

**AHA Dallas Caruth Initiative
Subcommittee Roster: Education
April 2011**



Baylor Healthcare System	David	French
Denton Regional Medical Center	Lynn	Perdue
Doctors Hospital of Dallas	Bob	Hillert
Doctors Hospital of Dallas	Jacquelin	Villa
Farmers Branch Fire Department	Stephen	Bock
Irving Fire Department	Steve	Deutsch
Las Colinas Medical Center	Kristine	Herington
Methodist Dallas Medical Center	Christine	Walker
Methodist Dallas Medical Center	Rob	Spranger
Methodist Dallas Medical Center	Ryan	Wolford
Methodist Richardson Medical Center	Liz	Fagan
North Texas RAC	Karen	Yates
Parkland Hospital	Thomas	Tierney
Rowlett Fire Rescue	Chris	Weinzapfel
Sachse Fire Department	Rick	Coleman
Sunnyvale Fire Rescue	Joe	Plumlee
Texas Health Presbyterian Dallas	Bob	Brockie
Texas Health Presbyterian Dallas	Jon	Gardner
Texas Health Presbyterian Dallas	Sean	Black
UT Southwestern Medical Center	Karen	Pickard
UT Southwestern Medical Center	Richard	King
UT Southwestern University Hospital - St. Paul	Nikki	Rupe
UT Southwestern University Hospital - St. Paul	Rocky	Galvan

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Kristine Nichols	Las Colinas Medical Center
Liz Fagan (teleconference)	Methodist Richardson Medical
Nikki Rupe (teleconference)	UT Southwestern University Hospital – St. Paul
Richard King	UT Southwestern Medical Center
Rocky Galvan	UT Southwestern University Hospital – St. Paul
Ryan Wolford	Methodist Dallas Medical Center
Stephen Bock	Farmers Branch Fire Department
Steve Deutsch	Irving Fire Department
Dawn Kregel	American Heart Association
Diana Ramirez	American Heart Association
Leilani Stuart	American Heart Association
Russell Griffin	American Heart Association
Wendy Segrest	American Heart Association

- 1. 7:30 Welcome & Introductions Chris**
Exhibit 1A Subcommittee Roster
Exhibit 1B February 9, 2011

Background:

Introduction of Subcommittee members and AHA Staff.

Goal of the Education Subcommittee is to assess AMI knowledge gaps in hospital and EMS staff and develop an educational curriculum and delivery plan for the curriculum.

Action:

Edit the subcommittee roster and approve.

Minutes:

Roster – Information Only

Minutes – Approved with following changes:

- Also if we can help streamline it what can we do pre-hospitals to prep this patients (i.e. making sure they are shaved, IV, no shirt, 3 12 leads)... **add change the placements of the pads, place one at the back of upper right shoulder so wires go behind head and the other down left side to make it easier for the placement of catheter**
- Liz suggested having a panel of doctors who do active...**change to activate** from field
- Dr. Ross...**change to Dr. Rothkoph** from Baylor Irving

2. 7:40 **Protocol Report** **Chris**

Background:

To ensure communication of protocol subcommittee's information is communicated to the education subcommittee for process improvement success. Goal of this subcommittee is to establish and implement regional transport, triage and treatment protocols.

Action:

To include in the survey, with implementation of education to meet the goals of the overall committee's responsibilities.

Minutes:

Information Only

3. 8:00 **Conference Planning report** **Karen**

Exhibit 4A Poster Application

Background:

Goal of the Conference Planning subcommittee is to plan the content, format, and speakers for a regional professional education conference on the latest treatment and system initiatives for the management of patients with AMI.

Action:

Information only.

Minutes:

The following information was given regarding the conference

- Today or tomorrow postcards will be mailed out
 - Postcard/Conference information will be available via email, website, and regular mail
- Will provide a workshop in April and May on how to do a poster presentation
 - Suggested EMS to do community responses for their cities as a poster presentation
 - Karen stated she has a vendor that can do poster presentation for \$27.00
 - AHA may cover cost for all poster presentation if \$27.00
- Agenda not finalized still confirming speakers
- Registration is open March 15

4. 8:10 **Assessment/Evaluation**

Chris

Background:

The assessment will allow the Subcommittee to start the process identifying regional gaps.

Action:

Review the assessment, survey, and potential curriculum.

Minutes:

These are the changes or suggestions regarding the EMS Education Assessment:

- #2 – Make sure all participating EMS agencies listed
- #4 – Rephrase question or add to answers “I don’t know”
- #5 – Rephrase question, because they may have but hospital didn’t accept or may have but hospital still needed 2/3 minutes time to prep for cath lab (i.e. tech getting room ready to receive patient) and another thing that EDs have mentioned if considering activation from the field is to send patient identifiers along with 12 leads in case there is more than 1 STEMI brought to hospital at the same time (i.e. patient name, DOB, SSN) and consider adding this question first “Have you activated from the field?”
- #6 – Consider adding “Depends on the Hospital”
- #9 – Change 10 or more to “More than 10”

- #10 – Rephrase question so that you don’t have to add “Sometimes”
- #11 – Rephrase question so that you don’t have to add “Occasionally”
- #16 – Consider adding “If yes to #16, did you apply your training in the field”
- #21 – Change “Septal/Anterior”
- Suggested to revisit #16 next meeting
- Not addressed – What was RVI?, suggested sending emails regarding this
- Send emails with
 - Must Do List
 - Want List
 - Optional List
- Would like to have survey done online for anonymity
 - Ryan stated could have 100% compliant
 - Karen stated will try getting 100% compliant by using CE credit

5. 8:45 **Review Action Steps and Next Meeting** **Karen**

Action:

Summarize a list of action steps from today’s agenda.

Minutes:

- Add as a topic for next meeting Short Term Education, market the actives presented whether that’s a monthly email that can be posted on the board at the EMS agency, hospitals, cardiology staff, or ED staff something with the brand grant initiative of “Did you know...” items, so we could put something out in April
- Target date to send survey and have it complete
 - End of the week, by Friday
 - Russell will send memo which should be filled-in with name of agency and attach with survey
 - Have it complete by next meeting
 - Karen stated will try to get 100% compliant by next meeting, but may take 6 weeks if using CE accreditations since Dallas Fire Rescue have them every 6 weeks

6. 8:50 **Adjourn** **Chris**

Adjourned 9:06 am



DRAFT Chest Pain / Acute Coronary Syndrome

ACS Signs & Symptoms

Chest pain- any non-traumatic pain between the jaw & umbilicus
Chest pressure, discomfort or tightness
Complaints of “heart racing” or palpitations
Bradycardia
Syncope
Weakness in patients > 45 years old
New onset stroke symptoms
Difficulty breathing (without obvious cause i.e. asthma or CHF)

STEMI Criteria

ST segment elevation of ≥ 1 mm in 2 contiguous leads with or without signs & symptoms of ACS

12 Lead EMS ECG Criteria

Patients > 20 years old experiencing any ACS signs & symptoms

OR

Any age patient with ACS signs & symptoms AND a history of:
HTN Cardiac disease
Smoking Diabetes mellitus
Severe Obesity High Cholesterol
Recent recreational drug use

When in Doubt, Obtain an ECG

F	Minimize patient exertion	F
F	Apply Oxygen to maintain SPO ₂ $\geq 94\%$	F
B	324 mg Aspirin PO Chewed, not swallowed	B
B	Obtain 12 Lead ECG within 10 minutes of patient contact	B
P	If STEMI Criteria met, activate CATH LAB, transmit ECG & immediately initiate transport to appropriate PCI capable hospital.	P
I	Establish IV access at TKO rate or saline lock	I
SBP > 110 mmHg		
P	0.4 mg nitroglycerin SL tablet or SL spray q 5 minutes until pain is gone or max 3 doses. Maintain SBP > 110 mmHg	P
P	Pain unrelieved by Nitro: Morphine 2-4mg slow IVP max 20mg OR Fentanyl 1mcg/kg q 15 minutes max 200 mcg	P
SBP < 110 mmHg		
F	Shock position	F
I	250ml NS bolus to achieve SBP \geq 110mmHg. Max 1 L NS, monitoring breath sounds	I
M	Morphine or Fentanyl analgesic per medical control	M

Legend		
F	First Responder	F
B	EMT-Basic	B
I	EMT-Intermediate	I
P	Paramedic	P
M	Medical Control	M

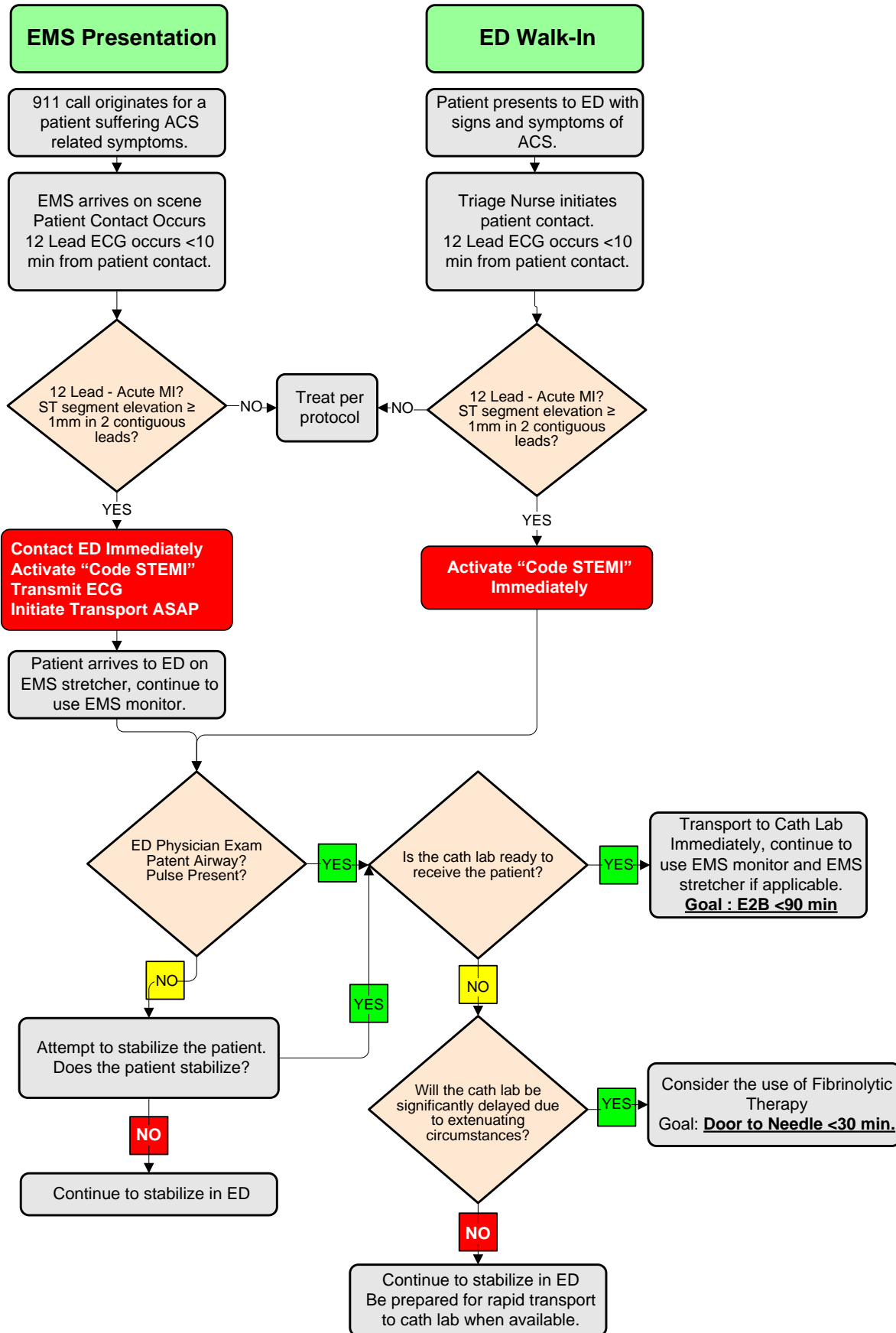
If SBP falls < 110 mmHg in response to treatment:		
P	Discontinue standing nitroglycerin & analgesic treatments	P

If C/P is thought to be stimulant induced:		
P	Diazepam 2.5-5mg slow IVP max 10mg OR Midazolam 2.5-5mg slow IVP max 5mg or IN max 10mg	P

PEARLS:

- Females, diabetics and geriatric patients often have atypical signs/symptoms, or only generalized complaints
- Remember Erectile Dysfunction drugs are now being used to treat pulmonary hypertension
- Do not administer Nitroglycerin in any patient who has used Viagra (sildenafil) or Levitra (vardenafil) in the past 24 hours or Cialis (tadalafil) in the past 36 hours due to potential severe hypotension
- If possible, establish a second IV on STEMI patients DURING TRANSPORT ONLY

AHA Dallas Caruth Code STEMI Protocol



**Information and Guidelines for
AHA Dallas Caruth Initiative Regional AMI Conference Poster Presenters**

THE PRESENTATION

Display Facilities

- Each institution or agency is available to display one poster.
- The posters must not exceed 90 inches wide x 44 inches high.
- Electrical outlets will not be provided in the poster presentation area.
- The poster area is sufficiently lit, so no spotlights are required.

Preparation of a Poster

- Prepare the poster on material that is lightweight. The material can be on one sheet so that it can be rolled up for easy transport or on separate panels for individual mounting.
- Posters should be readable from a distance of 6 feet.
- For adequate visibility, capital letters should be at least 3/8 inch high after enlargement to full poster size.
- Photographs should be a minimum of 12 x 15 inches.
- You may prepare handouts for distribution at the meeting. The handouts should be directly related to the topic of the poster and may not contain any advertising.
- An envelope for collection of business cards from poster viewers will be provided by AHA.
- Your poster should be self-explanatory so that you are free to supplement and discuss particular points raised by enquiry.
- It is your responsibility to include the poster number, “AHA Dallas Caruth Initiative Regional AMI Conference” heading, poster title, author(s) name(s), and their affiliations.
- It may also include:
 - Diagrams and charts
 - Reaction schemes
 - Tables recordings, graphs, etc.
 - Photographs
 - Written text, such as abstract or summary, introduction, method, results, and conclusions
- Some effects that may be used in a poster include:
 - Colors (very effective in diagrams and charts)
 - Transparent overlays
 - Samples of materials, models, etc.
- Arrange the material in main sections, each of them without too many details but with a common thread.
- On the top left side of your poster please include your poster number, which you will receive from the AHA Caruth Team.
- Avoid overcrowding figures and cramming too many numbers into tables.
- Legends and titles should accompany all figures, tables, photographs, etc., for identification

AHA Dallas Caruth Initiative Poster Presentation Subcommittee: Conference Planning



Questions?

Dawn Kregel

Phone: 214-712-1347

Dawn.kregel@heart.org

www.heart.org/caruth

Poster Presenters Application attached.

AHA Dallas Caruth Initiative Poster Presentation Subcommittee: Conference Planning



Poster Presentation from Organization

Name	
Organization	
Address	
Credentials	
Contact Phone number	
Email Address	



AHA Dallas Caruth AMI Advisory Symposium

Friday, June 3, 2011

1200-1300	Registration Posters & Exhibits				
1300	Welcome and Introductions	Drs. Todd Gray and Ray Fowler			
1310	Transport & Transfers from the rural region	Dr. Tim Henry	1310	“What You Don’t Know, Might Hurt Them!”	Bob Page
1400	ACLS Update	Dawn Kregel	1400	ACTION Registry - GWTC	Loni Denne
1455	Break Posters & Exhibits				
1505	The Challenge Within: Overcoming Hospital Barriers	Eva Kine Rogers	1505	“Wide and Tachy” In Lead II, You Got No Clue!	Bob Page
1600	Mission Lifeline	Chris Bjerke	1600	STEMI-OUR system of care: A Big Town Perspective with a Small Town Compassion	Dr. Todd Gray
1700	Networking Reception Posters & Exhibits				
1730	Caruth Overview with Dinner CFT Recognition Presentation Keynote Speaker	Brent Christopher or Dr. Jeverly Cook (CFT) Dr. James Jollis		How Do You Start a STEMI Systems of Care in Your Area?	



AHA Dallas Caruth AMI Advisory Symposium

Saturday, June 4, 2011

0700-0800	Registration and Continental Breakfast			
0800	Welcome and Introductions	Drs. Todd Gray and Ray Fowler		
0810	Keynote speaker LA Story – Lessons Learned from more than 6,000 STEMIs	Dr. Bill Koenig		
0900	Caruth Data	Dr. Jim Langabeer		
0930	Caruth Overview	Subcommittee Co-Chairs		
1000-1015	Break & Exhibitors & Posters			
1015	STEMI Experience in Boston - Lessons from the East	Dr. Peter Moyer	Rapid STEMI ID (Continuous Course 1015-1400)	Jo Haag
1105	Testimonial Therapeutic Hypothermia	Paul Walsh		
1115		Dr. David Marks		
1200	Lunch & Exhibitors & Posters			
1245	Anticoagulation: What's New	Henry I. Bussey	Evidence Base Medications for post MI Care	Paul St. Laurent
1305	Preactivation from the Field	Chris Bjerke	ACC/AHA Guidelines for PPCI	Dr. Wozinak
1400	Panel Discussion			
1500	Adjourn			

1. How many years have you practiced as a paramedic?

- 0-2
- 3-5
- 6-8
- 9-11
- 12-14
- 15-17
- 18-20
- 20+

2. With which agency are you employed?

- Addison Fire Department
- CareFlite - Balch Springs
- Carrollton Fire Department
- Cedar Hill Fire Department
- Coppell Fire Department
- Dallas Fire Rescue
- Desoto Fire Rescue
- DFW Airport EMS
- Duncanville Fire Department
- Farmers Branch
- Garland Fire Department
- Glenn Heights Fire Department
- Grand Prairie Fire Department
- Highland Park DPS
- Hutchins Fire Department
- Irving Fire Department
- Lancaster Fire Department
- Mesquite Fire Department
- Richardson Fire Department
- Rowlett Fire Department
- Sachse Fire Department
- Sunnyvale Fire Department
- TLC - Seagoville
- University Park
- Wilmer Fire Department

3. How many years have you worked for your current agency?

- 0-2
- 3-5
- 6-8
- 9-11
- 12-14
- 15-17
- 18-20
- 20+

4. Does your agency have a process that allows you to activate cardiac cath labs for patients having suspected heart attacks? (e.g. ST elevation MI's)

- Yes
- No
- I don't know

Optional Comment

	5
	6

5. Have you ever activated a cardiac cath lab from the field?

Yes

No (If no, please describe why in comments below)

Comments

6. Have you ever transported your patient to the cardiac cath lab on your EMS stretcher?

Yes

No

7. Do you believe the receiving nurse / physician will trust your assessment of the patient's 12-lead ECG?

Yes

No

Depends on the receiving hospital.

Optional Comment

8. On a cardiac or chest pain call, how many EMS/Fire personnel respond on the initial response. (Include automatic mutual aid or first responders)

2

3

4

5

6

9. When responding on cardiac/chest pain calls, please select the equipment you would normally carry in for initial patient contact. (select all that apply)

- Oxygen
- Jump Bag
- Medication Kit
- Cardiac Monitor
- Stretcher
- Other (please specify)

10. Do you document in your patient care record the time of initial patient contact?

- Yes
- No (if no, please describe why it is not recorded)

Optional Comment

11. In your experience when are most of the 12-lead ECG's actually acquired on chest pain patients after "initial patient contact"?

- Within 5 minutes from patient contact.
- 6-10 minutes from patient contact.
- more than 10 minutes from patient contact.

12. Do you transmit 12-Lead ECG's to your receiving hospitals?

- Yes - we transmit all suspected heart attacks
- Yes - we transmit only patients suspected of STEMI heart attacks
- No - we have the ability to transmit, but routinely do not
- No - our agency does not have the ability to transmit ECG's

Optional Comment

13. Does your agency provide 12-lead ECG training through continuing education?

- Yes
- No

14. Have you attended 12-lead ECG training outside of your agency? (e.g. - conference, special class, online course)

Yes

No

15. Have you ever participated in online EMS education?

Yes

No

16. If Yes to the question above, were you able to utilize or apply the training you received through online EMS training?

Yes

No

Not Applicable

Optional Comment

17. When did you last receive education or training on 12-lead ECG's? Choose the best answer

Within the past 6 months

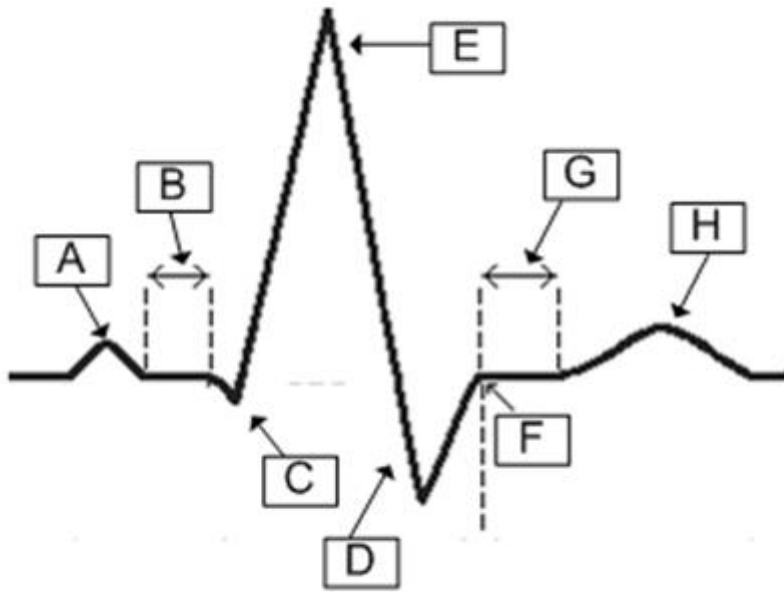
Within the past 2 years

Within the past year

Further than 2 years

Within the past 1.5 years

Use this image for the question below.



18. Using the diagram above, which letter represents the "J-Point"?

- A
 B
 C
 D
 E
 F
 G
 H

19. Using the diagram above, which letter represents the "ST Segment"?

- A
 B
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20. Using the diagram above, which letter represents the "Q Wave"?

- A
 B
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21. Which ECG leads constitute the Inferior group on the ECG?

- | | | |
|---------------------------|---------------------------|--------------------------|
| <input type="radio"/> I | <input type="radio"/> AvL | <input type="radio"/> V3 |
| <input type="radio"/> II | <input type="radio"/> AvF | <input type="radio"/> V4 |
| <input type="radio"/> III | <input type="radio"/> V1 | <input type="radio"/> V5 |
| <input type="radio"/> AvR | <input type="radio"/> V2 | <input type="radio"/> V6 |

22. Which ECG leads constitute the Lateral group on the ECG?

- | | | |
|---------------------------|---------------------------|--------------------------|
| <input type="radio"/> I | <input type="radio"/> AvL | <input type="radio"/> V3 |
| <input type="radio"/> II | <input type="radio"/> AvF | <input type="radio"/> V4 |
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| <input type="radio"/> AvR | <input type="radio"/> V2 | <input type="radio"/> V6 |

23. Which ECG leads constitute the Anterior/Septal group on the ECG?

I

AvL

V3

II

AvF

V4

III

V1

V5

AvR

V2

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24. Please provide comments or suggestions that we may use to improve STEMI care for your agency.

	5
	6

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Optional Comment

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Yes

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Comments

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No

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Optional Comment

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No

15. Have you ever participated in online EMS education?

Yes

No

16. If Yes to the question above, were you able to utilize or apply the training you received through online EMS training?

Yes

No

Not Applicable

Optional Comment

17. When did you last receive education or training on 12-lead ECG's? Choose the best answer

Within the past 6 months

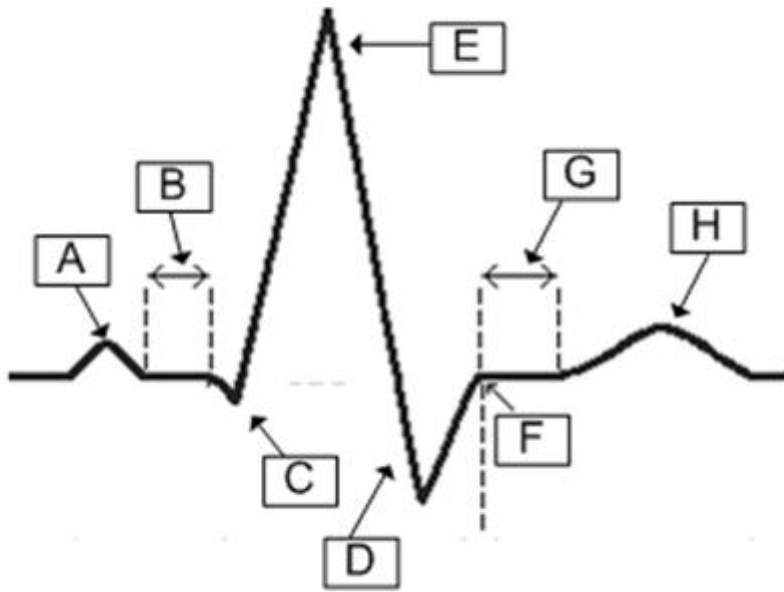
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| <input type="radio"/> III | <input type="radio"/> V1 | <input type="radio"/> V5 |
| <input type="radio"/> AvR | <input type="radio"/> V2 | <input type="radio"/> V6 |

22. Which ECG leads constitute the Lateral group on the ECG?

- | | | |
|---------------------------|---------------------------|--------------------------|
| <input type="radio"/> I | <input type="radio"/> AvL | <input type="radio"/> V3 |
| <input type="radio"/> II | <input type="radio"/> AvF | <input type="radio"/> V4 |
| <input type="radio"/> III | <input type="radio"/> V1 | <input type="radio"/> V5 |
| <input type="radio"/> AvR | <input type="radio"/> V2 | <input type="radio"/> V6 |

23. Which ECG leads constitute the Anterior/Septal group on the ECG?

- | | | |
|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> I | <input type="checkbox"/> AvL | <input type="checkbox"/> V3 |
| <input type="checkbox"/> II | <input type="checkbox"/> AvF | <input type="checkbox"/> V4 |
| <input type="checkbox"/> III | <input type="checkbox"/> V1 | <input type="checkbox"/> V5 |
| <input type="checkbox"/> AvR | <input type="checkbox"/> V2 | <input type="checkbox"/> V6 |

24. Please provide comments or suggestions that we may use to improve STEMI care for your agency.

	5
	6