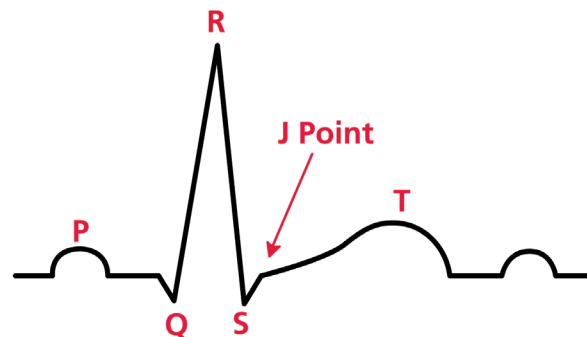


The TEN Rules of the 12 Lead ECG in Adults

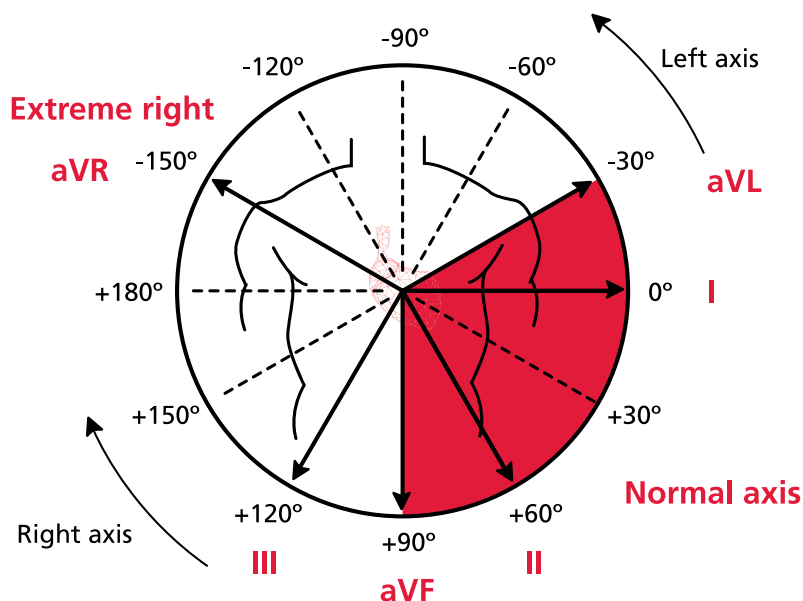
1. All waves are negative in lead aVR.
2. The ST starts isoelectric except in V1-V3
3. The PR interval should be 0.12-0.20sec.
4. The QRS complex should not exceed 0.12sec.
5. The QRS and T waves tend to have the same general direction in the limb leads.
6. The R wave in the precordial leads grows V1 to at least V4.
7. The QRS is mainly upright (Positive) in I & II.
8. The P wave in upright (Positive) in I, II, V2-V6.
9. There is no Q wave or only a small q <0.04 (1 small square) in width in I, II, V2-V6.
10. The T wave is upright (Positive) in I, II, V2-V6.



LOCALISING Ischaemia or Injury >

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

LIMB LEADS >



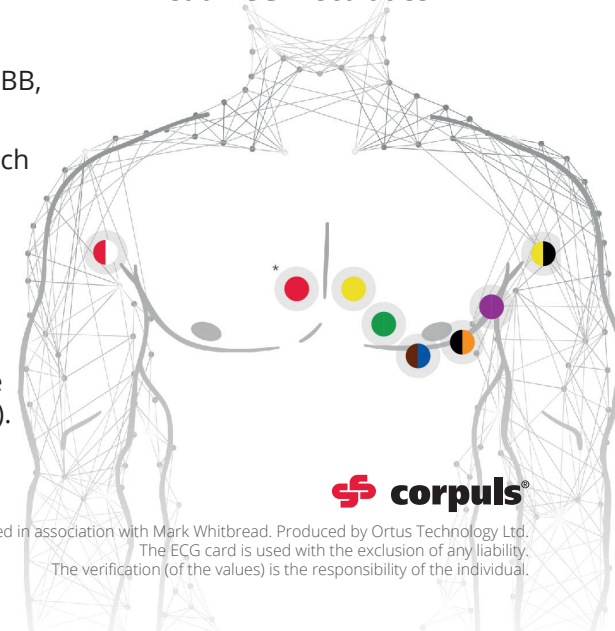
AXIS DEVIATION

Quick Initial Assessment >

	Normal	Left	Right
Lead I			
Lead II			
Lead III			

POSITIONING

12-Lead ECG Electrodes >

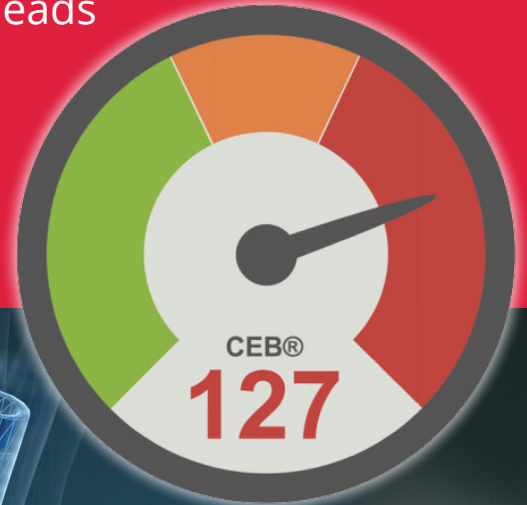


TIPS >

- Rule out nonischaemic causes of ST elevation such as LVH, RBBB, LBBB, Early repolarisation, electrolyte abnormalities, ventricular pacing.
- For Inferior STEMI, record V4r to check for ST Elevation > 0.5mm which suggests RV involvement.
- If there is isolated ST depression in two of V1-V4 record V7 V8 V9 to check for ST elevation > 0.5mm which suggests posterior wall involvement / STEMI.
- ST Depression in 6 limb leads and ST Elevation in aVR and V1 may suggest left main obstruction or multivessel disease (NOTE: extreme tachycardia and other causes of ischaemia can produce this pattern).
- LBBB with ST Elevation in a lead with upright QRS suggests STEMI (Sgarbossa criterion).

- Broadened diagnostics with **22 leads**
- Posterior leads **V7-V9**
- Right cardiac leads **V3r-V6r**
- Orthogonal leads **X, Y, Z** and **Vectorloops**
- Only **10 electrodes**, extremities and chest leads

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