

Six step 12 lead reading checklist and report

Rate, rhythm, axis, intervals, hypertrophy, infarction. One line each, then the interpretation, the comparison and the decision.

Patient / date / time		Clinical question
Technical	speed ____ gain ____ artefact ☐ lead placement issue ☐	Previous ECG available ☐ yes ☐ no

Step	Look at	Finding
1. Rate	R waves on the 10 s strip × 6	_____ per minute
2. Rhythm	Five step method on the rhythm strip	_____
3. Axis	Leads I and II. Both positive normal. I only left. II only right. Neither extreme	normal ☐ left ☐ right ☐ extreme ☐
4. Intervals	PR 0.12 to 0.20. QRS under 0.12. QTc under 0.44 (men) 0.46 (women); over 0.50 danger	PR ____ QRS ____ QT ____ RR ____ QTc ____
5. Hypertrophy	P in II > 2.5 mm (RAE). P notched > 0.12 s in II or terminal V1 1×1 box (LAE). S V1 + R V5/V6 ≥ 35 mm (LVH). Tall R V1 + right axis (RVH)	RAE ☐ LAE ☐ LVH ☐ RVH ☐ none ☐
6. Infarction	Q waves ≥ 0.04 s. ST elevation ≥ 1 mm in 2 contiguous leads (V2 V3: 2 mm men ≥ 40, 2.5 mm men < 40, 1.5 mm women). ST depression, T inversion. Reciprocal change	territory: inferior ☐ lateral ☐ septal ☐ anterior ☐ posterior ☐ changes: _____

Interpretation (most important first)

Comparison with previous ECG: new ☐ unchanged ☐ no previous ☐

Decision and communication

treat ☐ refer ☐ repeat ☐ reassure ☐ SBAR call to: _____ time _____ read back ☐

STEMI pathway prompts

Question	Answer
Symptom onset under 12 hours?	yes ☐ no ☐ time of onset _____
Primary PCI possible within 120 minutes of diagnosis?	yes ☐ no ☐
If no PCI: fibrinolysis within 10 minutes of diagnosis. Contraindications checked (haemorrhagic stroke ever, ischaemic stroke 6 months, active bleeding, dissection, major surgery or trauma 3 weeks)?	checked ☐ drug _____ dose _____ time _____
Aspirin 300 mg given? Second antiplatelet? Anticoagulant?	yes ☐ yes ☐ yes ☐
Transfer arranged, ECG copy and onset time sent, receiving team called?	yes ☐