

LOCATING THE INFARCTION ON THE 12 LEAD ECG

12 Lead Views of the Heart

- ◆ Lateral wall = I, AVL, V₅₋₆ (high lateral = I, AVL; low lateral = V₅, V₆).
- ◆ Inferior wall = II, III, AVF.
- ◆ Anterior wall = V₁₋₄.
- ◆ Septum = V₁, V₂.
- ◆ Posterior wall = reciprocal changes in V₁₋₂ (sometimes to V₄).
- ◆ Right ventricle = right chest leads, especially V_{4R}. Suggested by ST elevation in inferior leads and V₁ together.

Figure 6.35 shows each area of the heart as a different pattern, with the leads on the 12-lead ECG that face that area in the same pattern. Since V₁ and V₂ can show changes of both septal and anterior wall MI, they display the patterns of both areas.

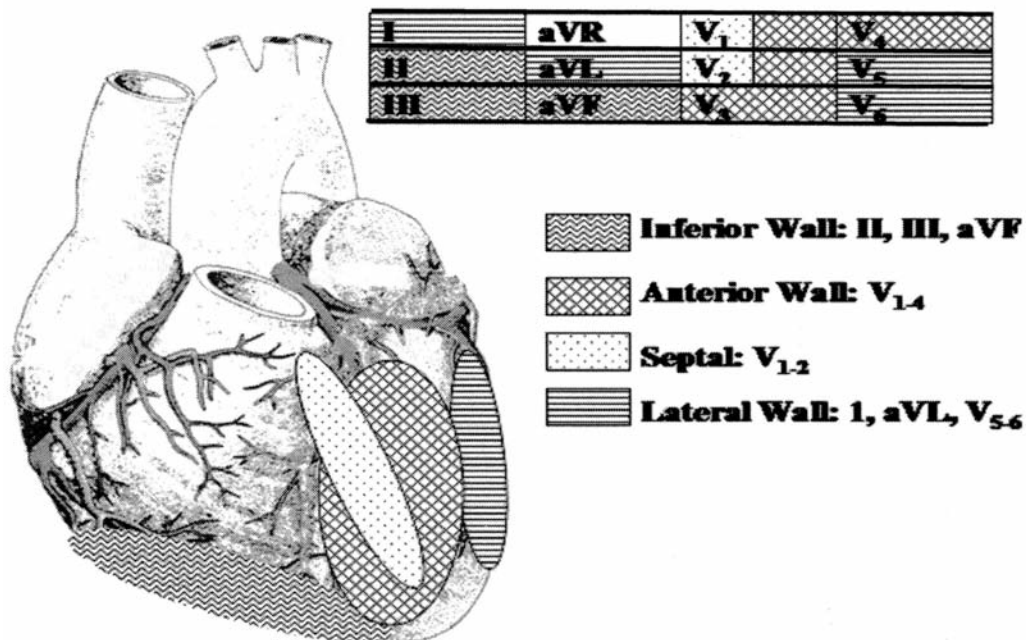


Figure 6.35: Areas of the heart.

Linking Knowledge to Practice

- ✓ When caring for patients post acute MI or following a coronary artery interventional procedure, choose a bedside monitoring lead that can show ST segment deviation if reocclusion of the artery occurs. Continuous 12 lead ECG monitoring is the best, but if the bedside monitor limits you to only two leads, make sure that one of those leads looks at the wall of the heart supplied by the culprit artery or can show reciprocal ST segment depression if that artery reoccludes. Leads III and aVF are good ST segment monitoring leads because they show ST elevation with RCA occlusion and can show reciprocal ST depression with LAD or circumflex occlusion.