

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

Ref: T24/33817

NAME OF DOCUMENT	ECG- Performing a 12 lead ECG
TYPE OF DOCUMENT	Clinical Business Rule
DOCUMENT NUMBER	RHW CLIN049
DATE OF PUBLICATION	25 May 2024
RISK RATING	Low
REVIEW DATE	2029
FORMER REFERENCE(S)	ECG – Performing an ECG
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SUMMARY	To guide staff on how to perform a 12 lead ECG on neonates

Royal Hospital for Women (RHW) NEONATAL BUSINESS RULE

ECG- Performing a 12 lead ECG

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This Clinical Business Rule is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside the Royal Hospital for Women or its reproduction in whole or part, is subject to acknowledgement that it is the property of NCC and is valid and applicable for use at the time of publication. NCC is not responsible for consequences that may develop from the use of this document outside NCC.

1. BACKGROUND

For clinical reasons, a formal ECG is sometimes ordered by medical staff to be performed on a neonate..

2. RESPONSIBILITIES

Medical, nursing and midwifery staff

3. PROCEDURE

3.1 Equipment

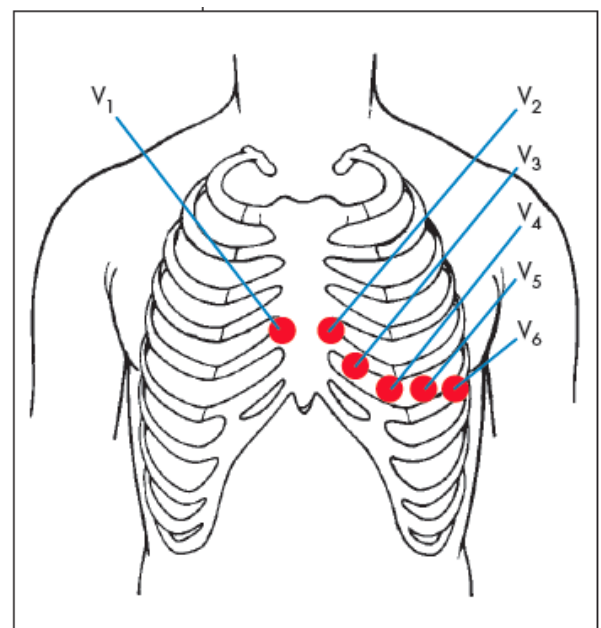
- ECG machine
- Cardiac Electrodes and leads
- Pair of scissors
- Oral sucrose or EHM
- Pacifier
- Neutral detergent wipes

3.2 Clinical Practice

1. Confirm request for ECG.
2. Discuss the procedure with parents if present.
3. Expose infant's chest and limbs for electrode application.
4. For small babies electrodes may need to be cut to size. (Picture 1)
5. Place cardiac electrodes on chest as per Picture 2.
 - Place V1 on the right sternal edge of chest
 - Place V2 left side of sternum opposite V1.
 - Place V3 midclavicular between 4th and 5th rib.
 - Place V4 between 5th and 6th rib.
 - Place V5 at same level as V4.
 - Place V6 level with V4 wrapping around chest.



Picture 1



Picture 2

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6. Place limb electrodes on four limbs. (Picture 3)
 - RA to right upper arm
 - LA to left upper arm
 - RL to right thigh
 - LL to left thigh
7. Clip the ECG leads to the respective electrodes.
8. Wrap and provide comfort measures to infant.
9. Allow ECG to stabilise. ECG button will illuminate green once reading is stable.
10. Press the "GREEN" ECG button to record. ECG strip will automatically print.
11. Place infant's addressograph to the paper strip.
12. Ensure that the medical staff have visualised ECG result.
13. Gently remove all cardiac electrodes from the chest.
14. Clean monitor and leads and return ECG machine to store room.
15. Document procedure in eRIC.



3.3 Educational Notes

- If ECG button does not illuminate green, an issue with the ECG reading has been determined. Refer to the screen to identify which lead the issue is occurring on (may be occurring on more than one lead) and re-attach the electrode as necessary.

3.4 Abbreviations

ECG	Electro-cardiograph	eRIC	Electronic Recording for Intensive Care
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3.5 References

1. Venkatesh P. (2007) "Pediatric Electrocardiogram. The basics." Pediatric Oncall Volume 4, Issue 3, p4.

4. RELATED BUSINESS RULES AND POLICY DOCUMENTS

- Nil

5. CULTURAL SUPPORT

- When clinical risks are identified for an Aboriginal family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.
- For a Culturally and Linguistically Diverse CALD family, notify the nominated cross-cultural health worker during Monday to Friday business hours.
- If the family is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6. IMPLEMENTATION PLAN

This revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to

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acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access.

7. RISK RATING

- Low

8. NATIONAL STANDARDS

- Standard 2 Partnering with Consumers
- Standard 3 Preventing and Controlling Infections
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety
- Standard 8 Recognising and Responding to Acute Deterioration

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
3/5/2011	1	J Blaeck (CNS), C Cluff (CNS)
26/9/2014	2	J. Blaeck (CNS)
17/7/2018	3	J. Blaeck (NUM)
20/03/2024 20.5.24	4	E Jozsa (CNS) C Walter (CNE) RHW NCC CBR Committee