**Multi-Lead ECG Electrode Placement**

**STEP 1**
Find angle of Louis and palpate 2nd rib on right

**STEP 2**
Let finger fall down into 2nd intercostal space

**STEP 3**
Palpate downward two more intercostal spaces and apply V1 electrode

- **V1**: Right sternal border 4th intercostal space
- **V2**: Left sternal border 4th intercostal space
- **V3**: Directly between leads V2 and V4
- **V4**: Mid-clavicular line 5th intercostal space
- **V5**: Between V4 and V6 horizontal to V4
- **V6**: Mid-axillary line horizontal to V4

**V4R**: Right chest mid-clavicular line, 5th intercostal space
**V5R**: Right chest, between V4 and V6, horizontal to V4
**V6R**: Right chest, mid-axillary line, horizontal to V4

Used in presence of Inferior AMI to rule out RVI

**V7**: Left posterior axillary line, straight line from V6
**V8**: Left mid-scapular line, straight line from V7
**V9**: Left paraspinal line, straight line from V8

**Reciprocal Change**

- **II, III, aVF**: All other leads
- **Suspicions for ischemia**
  - ST segment depressed, T wave may invert
- **Suspicious for injury or infarction**
  - ST segment elevated, T wave may invert, abnormal Q wave may be present
- **Suspicious for injury**
  - new onset bundle branch block
- **Non-diagnostic or baseline - no abnormalities**
- **Suspicion for injury - new onset bundle branch block**
  - ST segment elevation ≥ 1 mm in V4R
- **Suspicious for injury or infarction of right ventricle in V4R**

**II, III, aVF All other leads**

**Non-diagnostic or baseline - no abnormalities**