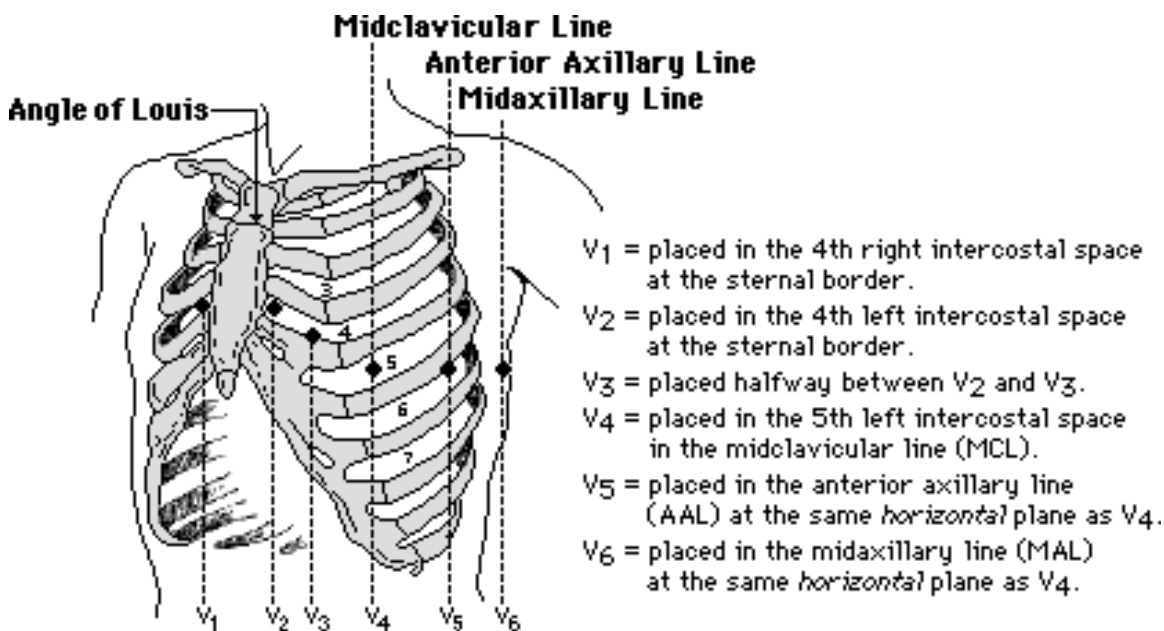


Electrode position for V leads:

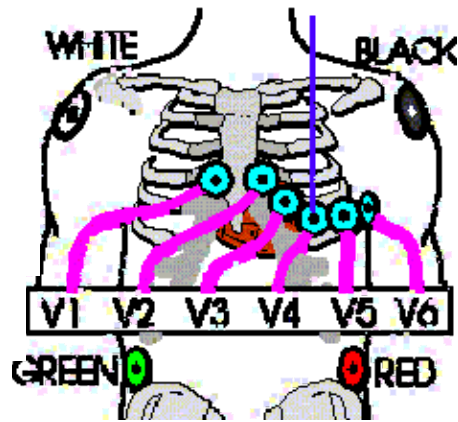
- V₁: 4th ICS, right sternal border
- V₂: 4th ICS, left sternal border
- V₃: halfway between V₂ and V₄
- V₄: 5th ICS, left medclavicular line
- V₅: 5th ICS, anterior axillary line
- V₆: 5th ICS, medaxillary line

ICS indicates intercostal space.

Figure 3. Appropriate electrode placement for continuous 12-lead ST-segment monitoring.



- V₁ = placed in the 4th right intercostal space at the sternal border.
- V₂ = placed in the 4th left intercostal space at the sternal border.
- V₃ = placed halfway between V₂ and V₄.
- V₄ = placed in the 5th left intercostal space in the midclavicular line (MCL).
- V₅ = placed in the anterior axillary line (AAL) at the same *horizontal* plane as V₄.
- V₆ = placed in the midaxillary line (MAL) at the same *horizontal* plane as V₄.



Chest Lead Placement

Some patients will need all ten leads attached for twelve lead diagnostics. (The monitor combines two leads together to use as a focal point for some of the electrical tracings. This is why there are only ten leads attached.) Use the following guide for placing the six additional leads.

The easiest way to correctly place the electrodes is in the following order:

1. V1 - 4th intercostal space, just to the right of the sternum.
2. V2 - 4th intercostal space, just to the left of the sternum.
3. V4 - On the mid clavicular line & 5th intercostal space.
4. V6 - On the mid axillary line, horizontal with V4.
5. V5 - Between V6 & V4.
6. V3 - Between V4 & V2.

A patient with an acute inferior myocardial infarction is also at risk for developing a right-ventricular infarction. Monitor for this with right-sided lead placement-the reverse of normal placement:

- * V sub 1 R--left sternal border, fourth intercostal space
- * V sub 2 R--right sternal border, fourth intercostal space
- * V sub 3 R through V sub 6 R--same landmarks as for normal placement, but on right side of patient's chest.