|  | Criteria  | Supporting information and illustration  | Recommendation for clinical action |
|--|---|--|------------------------------------|
| A. Regional STE with reciprocal STD                    | STE ≥1 mm at the J-point in two contiguous leads in all leads other than V2-4.  V2-4 STE criteria: ≥1.5 mm in women ≥2 mm in men ≥40 years ≥2.5 mm in men <40 years   | P-R segment  J-point  J-point  T-P segment  assessment point   | Activate reperfusion pathway       |
| B. High lateral MI                                     | STE I, aVL, V2<br>STD III (+/- II, aVF)<br>Subtle STE V5, V6 and reciprocal<br>changes in aVF may be seen.  | III ave vi   | Activate reperfusion pathway       |
| C. Posterior MI  | Precordial STD ≥0.5 mm V1-3  Confirm with posterior leads (V7,8,9) with findings of STE:  • ≥0.5 mm in women and men ≥40 years  • ≥1 mm in men <40 years  | V7, 8, 9 supplementary lead placement  Scapula  V7 V8 V9   | Activate reperfusion pathway       |
| D. Right ventricular MI                                | STE ≥0.5 mm in any right-sided chest lead (V3R-V6R), but particularly V4R.  STE ≥1 mm in men <30 years  | Right precordial supplementary lead placement  | Activate reperfusion pathway       |
| E. De Winter<br>T waves                                | J-point depression with up-sloping ST segments and tall, prominent, symmetric T waves in precordial leads, with STE (≥0.5 mm) in aVR and an absence of STE in precordial leads.   |  | Activate reperfusion pathway       |
| F. Modified Sgarbossa criteria  (LBBB or paced rhythm) | Any of the following:  A) Concordant STE >1 mm in leads with positive QRS complex  B) Concordant STD ≥1 mm V1-3  C) STE ≥1 mm in one or more leads at the J-point which is proportionally discordant to the preceding S wave by >25%. | A B C Height of discordant STE  J-point /  STE/height S wave >25% (>0.25)  5 mm  15 mm  Height of preceding S wave | Activate reperfusion pathway       |