TELEMETRY AND CARDIAC MONITORING

I. Policy:

All patients requiring cardiac monitoring or telemetry shall be monitored as follows:

A. Alarms will be turned “ON” at all times and will be verified by the responsible nurse at the beginning of every shift.

B. Alarms will be set appropriately to the patient’s age and clinical condition.

C. Cardiac rhythm will be evaluated and documented every shift or more often as defined in unit practice guidelines.

D. Initial shift assessment will include either a documented strip or a named rhythm with a description of the tracing, including rate range and whether any ectopy is present. Rhythm strip analysis will also include the following:
   1. heart rate;
   2. intervals PRI, QRS, QT (adults only)
   3. identification of the rhythm;
   4. signature of nurse analyzing strip

E. Dysrhythmias which are new, symptomatic, reflect a change from previous dysrhythmias, or which require immediate intervention will be documented with a corresponding rhythm strip. Rhythm strip analysis shall include the following:
   1. heart rate;
   2. intervals PRI, QRS, QT (adults only)
   3. identification of the rhythm
   4. signature of nurse analyzing the strip

II. Specific Information:

A. Does implementation require MD order? ___X___ Yes _____ No
*Unit-based protocols with medical endorsement may substitute for individually-written orders.
B. Guidelines applicable to:

- All patient care areas
- Adult areas
- Pediatric areas
X Selected unit(s) - Specify: Intensive/Critical Care Units, Intermediate/Stepdown Units, Emergency Department, and designated telemetry areas.

C. May be performed by:

X RN
X LPN
Other licensed staff - Specify: ____________________________________________
Non-licensed staff - Specify: ____________________________________________

D. Specific education required: X Yes ____ No

Successful completion of the Basic Arrhythmia course:
1. Complete the Basic Arrhythmia self-assessment
2. Accurately identify normal, lethal, and potentially lethal rhythms 100% of the time

III. Protocol:

A. All Intensive/Critical Care Units:

1. Continuous cardiac monitoring is initiated in all patients and is maintained throughout the stay in the unit.

   EXCEPTION: When a patient has orders to transfer to a non-monitored level of care and cannot transfer due to census/ADT reasons, the monitoring may be discontinued in the interim until the transfer occurs.

2. All transports off the unit will be conducted using portable cardiac monitoring and accompanied by an RN or MD. (See Cross References). Exceptions may be made with a specific physician’s order.

B. Adult Stepdown/Intermediate Care Units, Emergency Department, and Telemetry Areas:

1. Cardiac or telemetry monitoring is initiated based on unit-specific practice guidelines or specific physician’s orders.

2. In non-monitored patients, the RN may initiate monitoring at his/her
discretion in emergent situations. A written order should be obtained as soon as possible after initiation.

3. Once monitoring is initiated, a physician’s order is required for the following:
   a. temporary disconnection (for showers, walks in hallway, procedures, etc.);
   b. for monitored patients to leave the unit;
   c. level of monitoring required if patient must be transported for tests or procedures;
   d. discontinuation of monitoring.

**NOTE:** In the Emergency Department, when cardiac monitoring is initiated at the nurse’s discretion, monitoring may be discontinued without a written order, provided there is collaboration with the MD in making the decision.

IV. **Nursing Implications:**

Notify the MD for any of the following:

A. Any new dysrhythmia;
B. When a patient is symptomatic with a dysrhythmia;
C. When a dysrhythmia requires immediate treatment.

V. **Patient/Family Education:**

Reason for monitoring and circumstances for which to notify nurse or physician.

VI. **Cross References:**

A. Patient Care Resource Manual:
   CL 30-02.03, “Guidelines of Care and Practice: Radiology Patients”

VII. **Distribution:**

A, B, C, D, F

VIII. **Contributors:**

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IX. **Endorsement:**

Practice Committee – September 2001

V. **Approval:**

/s/ MARILYN DUBREE, Director, Patient Care Services Date 11-25-02