



Rancho Los Amigos National Rehabilitation Center
DEPARTMENT OF NURSING
INTENSIVE CARE UNIT
POLICY AND PROCEDURE

SUBJECT: CONTINUOUS BEDSIDE ECG
MONITORING GUIDELINES

Policy No.: ICU05
Supersedes: ALL
Reviewed Date: 11/2023
Effective Date: 07/1999
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Purpose of Procedure: To ensure the quality and accuracy of bedside ECG monitoring in detection, identification, and documentation of dysrhythmias in patients monitored in ICU.

Physician's Order Required: No

Performed By: RN working in ICU with basic EKG course

Policies:

1. All patients in ICU will have continuous bedside ECG monitoring, unless there is a Provider order to discontinue it.
2. Electrode placement and cable attachment should be checked by every nurse at the beginning of each shift prior to obtaining a six-second rhythm strip.
KEY POINT: Preferred leads are: II and V.
3. Evaluate skin integrity every 8 hours and change electrode pads every 24 hours (per manufacturer's recommendations). Rotate sites when changing electrodes.
KEY POINT: Skin integrity must be maintained in order to have a clear EKG recording.
4. Every four hours, the nurse is expected to edit the events collected in the MRT (Monitoring Review Terminal).
5. Discharge / Transfer: Patient will not be discharged from the bedside monitor and the MRT until transfer/discharge has actually transpired.

Procedural Steps:

1. Explain procedure to the patient and/or significant other to reduce patient's anxiety and ensure patient's cooperation. Explain that, in addition to dysrhythmias, lead connections and patient movements can also trigger alarms but that all alarms will be checked by an RN.
2. Turn monitor on.
3. Check that lead wires are plugged into the patient cable correctly and securely.

4. Clean and dry the skin prior to electrode application. Area may be shaved to prevent patient discomfort if there is a lot of hair.
5. Check pre-gelled electrode pads for moistness prior to application.
6. Place electrodes as follows for five lead system:
 - a. Apply RA to the right shoulder.
 - b. Apply LA to the left shoulder.
 - c. Apply RL to the right abdomen under the rib or on the hip.
 - d. Apply LL to the left abdomen under the rib or on the hip.
 - e. Apply V lead to the right sternal border.
7. Examine the EKG tracing on the monitor for the size of R and T waves.
KEY POINT: The R wave should be approximately twice the height of the other components of the EKG to ensure proper detection by the heart rate counter in the equipment.
8. Set alarm as follows:
 - a. All potentially lethal dysrhythmias are placed under crisis alarm.
 - b. Single PVC alarm may be moved from message alarm to advisory to determine if PVC's are occurring.
 - c. If patient is having more than 6 PVCs/minute, the nurse will inform MD and set PVC limit accordingly.
 - d. Patients with chronic dysrhythmias that have no significance for treatment may be placed on advisory or message alarm by the RN. If there are any doubts, discuss the situation with MD.
 - e. In patients with chronic atrial fibrillation, "irregular" will be moved to message alarm. High rate alarm should be set so as to alert the nurse to rapid ventricular response (uncontrolled atrial fibrillation).
9. Activate Pacemode if patient has a pacemaker. Set low rate alarm just below the rate the pacemaker is programmed to pace
KEY POINT: This will alert the nurse to pacemaker malfunction.

DOCUMENTATION/EDITING:

1. A six-second rhythm strip must include: rhythm interpretation, measurements of PR interval, QRS complex, QT interval and heart rate. Document these on the strip and patient's progress notes.
2. A six-second strip will be done:
 - a) on admission
 - b) every 8 hours, after verification of accurate lead placement
 - c) when there is a change in patient's rhythm or alteration in conduction
 - d) when evaluating the effect of any antidysrhythmic medication
3. Document the time and events on the progress notes.

REVIEWED BY: Ramon Enage RN, CCRN

REFERENCES:

Lippincott® Solutions. (2023, August 21).

<https://procedures.lww.com/lnp/view.do?pld=6608424&hits=monitoring%2Cmonitor%2Cbedside%2Cecg%2Cmonitors%2Celectrocardiogram&a=true&ad=false&q=Bedside+ECG+Monitoring>

SUBJECT: Continuous Bedside ECG Monitoring

Policy No.: ICU05

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Wiegand, Debra. Lynn, et al. (2017) *AACN Procedure Manual for High Acuity, Progressive and Critical Care. 7th Edition*. St. Louis MO: Saunders.

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