

CARDIAC TELEMETRY MONITORING – Acute Care Telemetry Unit

- PURPOSE:** To outline nursing management of the patient requiring cardiac telemetry monitoring.
- SUPPORTIVE DATA:** Cardiac telemetry monitoring is used to monitor patients with suspected or confirmed cardiac abnormalities. Continuous cardiac monitoring of patients is important for the following reasons:
- Prompt identification of cardiac rhythm changes or abnormalities and need for treatment which can prevent adverse events, including hemodynamic compromise and death.
 - Assistance in identifying those at risk for life-threatening cardiac arrhythmias and/or myocardial ischemia (MI).
- Cardiac telemetry monitoring refers to continuous cardiac monitoring with a portable transmission device that transmits the electrocardiograph (ECG) tracing to a central cardiac monitor. This allows patients to move about as tolerated (e.g. ambulate) which promotes general recovery and maintenance of functional capacity.
- ASSESSMENT:**
1. Apply telemetry monitor and pulse oximeter (as ordered) upon admission and ensure patients are monitored throughout telemetry stay.
 2. Assess and document the following upon placement of telemetry monitoring device, every 4 hours, and with any change in condition:
 - Vital Signs (VS)
 - Rhythm interpretation
 - Level of consciousness (LOC)
 - Chest pain
 - * Any chest pain, shortness of breath, decreased level of consciousness or oxygen saturation indicates a change in condition
 3. Monitor ECG continuously for absent waveform, changes in rhythm, or artifact.
 4. Obtain and interpret ECG rhythm and place in patient's health record:
 - Immediately upon placement of cardiac telemetry monitoring device
 - Within 1 hour of beginning of shift, every 4 hours and with any changes in cardiac rhythm
- MAINTENANCE:**
5. Change electrodes every 24 hours and if the gel patch becomes dry.
 6. Change battery every 24 hours.
 7. Place telemetry monitoring device in disposable pouch to be carried on patient's shoulder or across the body.
 8. Replace leads if they become nonfunctional.
- SAFETY:**
9. Check all equipment and set alarms within 1 hour of assuming care and adjust as indicated by patient condition or per provider's order.
 - Alarms must be audible at all times and are never to be set on continuous mute or turned off
 - All monitors with non-functioning alarms must be reported immediately to Biomedical/Clinical Engineering
 10. Remove monitor with non-functioning alarms from service immediately and place patient on a monitor with functioning alarms.
 11. Keep box and leads dry.

COMMUNICATION/
COLLABORATION:

12. Ensure monitor tech notifies primary RN of any significant changes in:
 - Cardiac rhythm
 - Poor ECG or pulse oximetry tracings
 - Continued alarming
 - Decreasing oxygen saturation values
13. Assess patient and evaluate reason for changes identified by monitor tech.
14. Notify monitor tech of outcome and give further instructions as applicable.

REPORTABLE
CONDITIONS:

15. Notify provider immediately for:
 - Change in ECG rhythm, life threatening arrhythmias
 - Patient complaint of chest discomfort/pain
 - Symptomatic bradycardia
 - Increased occurrence of premature ventricular contractions (PVCs), premature atrial contractions (PACs), premature junctional contractions (PJs)
 - Change in LOC
 - Low oxygen saturation or decreasing trend of oxygen saturation
 - Vital signs outside of ordered parameters
16. Evaluate need to activate Rapid Response Team to assist with management of deteriorating clinical condition.

PATIENT/
CAREGIVER
EDUCATION:

17. Instruct on the following:
 - Indication for telemetry
 - Importance of keeping the telemetry box in the pouch
 - Need to report chest discomfort/pain/difficulty breathing
 - Need to notify the nursing staff if the ECG electrodes come off of the skin or if any of the leads become disconnected

ADDITIONAL
STANDARDS:

18. Refer to following as indicated:
 - Anticoagulant Therapy
 - Pain Management

DOCUMENTATION:

19. Document in accordance with documentation standards including notification of provider for reportable conditions.
20. Ensure/record the following on the ECG recording:
 - Measurement of PRi, QRS, QT_i
 - Heart rate (HR)
 - Rhythm Interpretation
 - Permanent pacemaker, if applicable
 - Automatic Internal Cardioverter Defibrillator (AICD), if applicable
21. Document communication between RN and monitor tech regarding change in patient condition.

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