

**PROTOCOL FOR: Cardiac Monitoring: Care of the Patient on Cardiac Monitoring**

- POLICY:**
1. Patients receiving cardiac arrhythmia monitoring will be cared for by nursing staff on Medicine 4 (telemetry monitor) and Med/Surg 5 (portable monitor) who have passed the arrhythmia examination and demonstrated competence in cardiac monitoring.
  2. Patients who are on a cardiac monitor will be transported to tests or procedures on monitors. The LIP must write an order for the patient to go off the floor for tests or procedures without a monitor. If the patient requires monitoring while off Medicine 4 or Med/Surg 5, the patient will be accompanied by a RN, LPN or House Officer.
  3. The continuous pulse oximetry function of the cardiac monitor may be utilized for a patient already on the cardiac monitor. This must be a time limited order from the LIP (a maximum of every 1 hour for 4 hours). Levels should be documented on the flowsheet no more frequently than every one hour. A patient who requires more frequent monitoring should not be housed on the medical unit.
  4. Report to the Intensive Care Unit must be done by the charge nurse every 12 hours (either faxed or called). The patient's room number, name, rhythm and heart rate are included in the report (applies to Medicine 4 only).
  5. The Telemetry Checklist must be completed every 12 hours. It is the responsibility of the charge nurse to ensure it is complete. Battery charges may be delegated (applies to Medicine 4 only).
  6. Alarms will be turned "ON" at all times and will be verified by the responsible nurse at the beginning of every shift. Alarms will be set appropriately to the patient's age and clinical condition.
  7. In non-monitored patients, the nurse may initiate monitoring at his/her discretion in emergent situations. A written order should be obtained as soon as possible after initiation.

**DESIRED PATIENT**

- OUTCOMES:**
1. Patient will have an understanding of the need and purpose of cardiac monitoring.
  2. Patient will receive appropriate care related to cardiac monitoring.

- ASSESSMENT:**
1. Determine if the patient has a pacemaker, Implantable Cardioverter Defibrillator (ICD), or chronic atrial fibrillation and adjust the monitor accordingly.
  2. Assess and document upon admission and then every 4 hours and more frequently as the patient's condition warrants.
    - a. Vital signs
    - b. Quality/rate of respirations

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- c. Skin color
- 3. Assess and document every 8 hours and PRN: IV site, patency of saline lock, infiltration and phlebitis scales (see policy).
- 4. Obtain and evaluate a 6 second rhythm strip as follows:
  - a. On initiation of cardiac monitoring
  - b. Every 8 hours thereafter
  - c. With dysrhythmia which is new, symptomatic, reflective of a change from a previous dysrhythmia or which require immediate intervention

This includes the evaluation of rate, rhythm, presence or absence of P waves, and PR, QRS and QT intervals. Place strip on Cardiac Monitor Flow Sheet.

**EQUIPMENT: ELECTRODES AND MONITORS:**

- 1. The nurse assigned to the patient must check lead placement at the beginning of each shift (see manufacturer's directions for monitor electrode placement).
- 2. The nurse assigned to the patient must verify that the transmitter is functioning properly. If not, notify Clinical Engineering (x 2954) and inform them that the equipment must be checked ASAP. Place a new transmitter on the patient. The charge nurse should also be informed.
- 3. The charge nurse for each shift needs to verify that the three telemetry monitors on Med 4 (located across from 4027, 4037 and 4041) and the 48-hour monitor (located across from room 4027 on Med 4) are functioning correctly. If not, notify Clinical Engineering (x 2954) and inform them that the equipment must be checked ASAP.
- 4. Check ECG paper supply and fill if necessary.
- 5. Batteries need to be replaced every 48 hours for cardiac monitoring only, and every 24 hours if continuous pulse oximetry is used. The nurse may delegate the task of battery changes (Medicine 4 only).

- PATIENT CARE:**
- 1. Electrodes are changed PRN (maximum 48 hours).
  - 2. After any activity, assess heart rate, respirations and skin color.
  - 3. Instruct/reinforce with patient the geographical limits in activity in reference to the antenna system.
  - 4. Assess need for continued cardiac monitoring daily.

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- PATIENT TEACHING:**
1. Review the purpose of cardiac monitoring with patient/significant other, emphasizing the benefit of continuous monitoring.
  2. Review teaching appropriate for patient, i.e., angina, atrial fibrillation, post MI, post open heart.
  3. Assess teaching needs daily in preparation for discharge and document on the Patient and Family Teaching Record.

**REPORTABLE  
CONDITIONS:**

1. Run a strip whenever there is a change noted from the initial assessment ECG pattern.
2. Notify the House Office if a patient exhibits any signs/symptoms of MI, angina or CHF.
3. Notify the House Officer with any new dysrhythmia, when the patient is symptomatic with a dysrhythmia or when a dysrhythmia requires immediate treatment.

- DOCUMENTATION:**
1. Document assessment parameters on unit flowsheet and Cardiac Monitor Flowsheet (see Assessment).
  2. Document all deviations from baseline assessment and patient response to therapy in progress note.

**APPROVAL:** Nursing Standards Committee

**EFFECTIVE DATE:** 3/88

**REVISION DATES:** 12/90, 1/92, 3/95, 5/95, 10/96, 9/03, 11/03, 12/05, 3/07, 7/07, 8/07