

PROCEDURE FOR: Cardiac Monitoring: Placement of Monitor Electrodes

- POLICY:
1. On Medicine 4, the admitting nurse will notify the ICU staff of a telemetry admission. Medicine 4 telemetry rhythms are displayed on the ICU monitors for 24 hour monitoring.
 2. The charge nurse on Medicine 4 is responsible for calling the charge nurse in the ICU each shift with an updated nursing report of each patient on telemetry.

EQUIPMENT: Patient cable and electrode wires (transmitter box)
5 disposable electrodes
Safety razor
Alcohol swab
4 x 4

PROCEDURE:

- | <u>ACTION</u> | <u>POINTS OF EMPHASIS</u> |
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| 1. Explain procedure to patient. | |
| 2. Identify areas of chest where electrodes are to be placed. | |
| 3. Shave selected electrode location if necessary. | 3. Hair decreases effective signal transmission and decreases adhesive action of the electrodes. |
| 4. Swab selected electrode location with alcohol swab until skin is slightly reddened, then dry with a 4 x 4 gauze sponge. | 4. Removes oil and dead skin layers. |
| 5. Remove protective backing from electrodes. | |
| 6. Apply adhesive-backed electrodes to patient's skin, pressing around entire edge of adhesive surface. | 6. Loose fitting electrodes cause distorted ECG waveforms. |
| 7. Attach leads of patient cable to electrodes according to desired lead placement configuration. | 7. After connecting the patient cable to a cardiac monitor, the waveform should be observed. The R wave should be twice the height of any other portion of the waveform. |

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8. Desired lead application is Lead II. Lead II has diagnostic advantages: well formed P waves and an upright ECG tracing.
9. Care and Cleaning of Patient Cable
 - a. Remove adhesive discs and wipe off excess electrode gel from the electrode lead connections
 - b. Clean the electrode lead connections and cable with warm water and soap.
 - c. Check cable and electrode for corrosion and deterioration.
 - b. No autoclaving or antiseptic solutions are necessary.
 - c. Servicing is done on a monthly basis by Clinical Engineering and repairs are done as needed (Ext. 2954).

APPROVAL: Medical-Surgical Standards Committee
Nursing Standards Committee

EFFECTIVE DATE: 2/87

REVISION DATE: 12/88, 1/92, 11/03, 12/05