

PROTOCOL FOR: Monitoring Cardiorespiratory: Care of Oncology Patient Requiring

**SUPPORTIVE DATA:** Oncology patients are at risk for developing cardiac changes secondary to: the high dose chemotherapy, IV Dilantin, electrolyte imbalance and sepsis. Therefore, cardiac monitoring may be necessary.

**DESIRED  
PATIENT OUTCOMES:** Patients will have no severe changes in heart or respiratory rates, or cardiac rhythms that are not detected on the monitor.

- ASSESSMENT:**
1. Review the patient's nursing database and history to identify cardiac risk factors.
  2. Review admission EKG and current flow sheets to follow trends in heart rate, respiratory rate and BP.
  3. Although the MD will order cardiac monitoring at specific times; the registered nurse may initiate cardiac monitoring as the clinical situation warrants.
  4. Vital signs and respiratory assessment will be done at least q 4 hours.
  5. Visually assess the cardiac rate and rhythm hourly.

- GENERAL  
NURSING CARE:**
1. Leads may be used until they are no longer adhering to the skin or not conducting a good tracing.
  2. Leads may be moved to different areas on the skin for cleansing skin surfaces.
  3. Assess skin integrity with each lead change.
  4. Assure that the monitor alarms are functioning and turned on every 12 hours.
  6. Alarms should never be left in the "off" position when the patient is unattended.
  7. Cardiac rhythm must be visible on the central monitor at the nursing station.

- PATIENT  
TEACHING:**
1. Review the need for monitoring and electrode placement.

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2. Instruct patient regarding symptoms to report (i.e., chest pain, shortness of breath, dyspnea, feeling dizzy or lightheaded).

REPORTABLE

- CONDITIONS:
1. Notify MD that cardiac monitoring has been instituted if not specifically ordered.
  2. Call MD to report changes in heart rate, rhythm and/or respiratory rate and/or symptoms.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 10/94

REVISION DATE: 8/96, 3/99, 10/00, 3/02