

Interprofessional Clinical Policy & Procedure Manual

Policy & Procedure: Remote Telemetry Monitoring	
Developed By: WHCA Medicine Committee	Number: 2-5-8010
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Approved By: GMCH MAC, NWHC MAC	

Policy Statement

To provide cardiac monitoring to adult patients (greater than 18 years of age) with clinical conditions that warrant continual cardiac observation.

Special Considerations

Patients that require telemetry monitoring should be assigned to registered nurses/registered practical nurses that have the knowledge, skill and judgement to monitor and analyze cardiac rhythm strips. In the event that a patient is on a unit where telemetry is out of scope refer to Appendix A: Responsibilities of the Medicine 200 Nurse for Off-Unit Patients (GMCH only)

Responsibility

To identify the role and responsibility of the Health Care Team (listed below) in the initiation, monitoring and discontinuation of remote telemetry monitoring.

Responsibility of the **Physician or delegate**:

- Write an order for telemetry that specifies the duration of time (24 hours, 48 hours or other)
- Telemetry will be discontinued after the ordered duration unless:
 - It has been re-ordered with a duration specified
 - There has been a new arrhythmia or progressing arrhythmia
 - There is a change in patient's condition
- Review prior 24-hour monitor strips
- Reassess telemetry use daily
- Consider the following criteria in determining the utilization of remote telemetry monitoring:

<ul style="list-style-type: none"> ○ Syncope (of unknown origin or with suspected arrhythmia) ○ Symptomatic atrial arrhythmias ○ Intravenous infusions that may cause arrhythmias ○ Post myocardial infarct (MI) ○ Electrolyte disturbances: potassium, calcium, magnesium 	<ul style="list-style-type: none"> ○ Arrhythmias without hemodynamic compromise ○ Asymptomatic bradycardia ○ QT monitoring ○ Post percutaneous coronary intervention or pacemaker insertion ○ New or recurrent atrial fibrillation with titration of medications
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- Chest pain rule out MI or acute coronary syndrome
- Pericarditis/myocarditis/endocarditis

Responsibilities of the **Most Responsible Nurse (MRN)**:

- Assess the patient when telemetry monitor sends alert or when a change in cardiac rhythm is noted
 - Print and interpret a strip when there are changes from baseline cardiac rhythm
- Change battery in telemetry unit every 24 hours and PRN
- Change telemetry monitoring electrodes every 24 hours
- Check telemetry leads every 4 hours when completing vitals and/or patient assessment
- Print and interpret a 6 second strip every 4 hours and when condition requires (Form WN629 used at NWHC)
- Call a code blue in the event of a cardiac arrest or life-threatening arrhythmia
- Notify the most responsible physician of changes in patient status
- Notify MRP that telemetry order is expiring, during daytime hours where possible

Equipment

Telemetry Pack
 Telemetry monitoring electrodes
 Alcohol swab
 Hair removal clipper (if needed)

Method

A. Initiation of Telemetry

1. Receive a physician order to initiate telemetry
2. Collect required equipment (GMCH: located in Medicine200, NWHC: located at nursing station)
3. Ensure that a new battery is in the telemetry pack
4. Ensure that the patient consents to the course of therapy
5. Apply electrodes to patient avoiding bony areas and remove hair with hair removal clipper when necessary
6. Instruct Patient on:
 - a. Care of Telemetry pack
 - Not to get the telemetry unit wet
 - How to use telemetry holder
 - b. The range of telemetry unit and distance the patient can travel (depending on ordered mobility and mobility status)
 - c. What to do if the electrodes or leads come off
 - d. Signs and symptoms to alert the MRN (i.e. diaphoresis, chest pain, decreased level of consciousness, irregular heart rate, faintness/dizziness)

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- e. Admit the patient in the Central Monitor to the appropriate room/telemetry pack.
(GMCH: if patient on a unit without Central Monitor see Appendix A: Appendix A: Responsibilities of the Medicine 200 Nurse for Off-Unit Patients (GMCH only)
6. Place the telemetry pack in the disposable holder, which can be worn around the neck or placed in gown pocket

B. Discontinuing Telemetry

When a physician order is received to discontinue telemetry, the MRN will:

1. Remove the telemetry unit from the patient ~~and~~
 - i. clean the telemetry pack and wires with hospital approved disinfecting wipes (oxivir or Cavi-wipes) **GMCH Only**
 - ii. send telemetry leads and pack to MDRD for cleaning **NWHC Only**
2. Discharge the patient from the central monitoring station. (If the patient is located on a unit without a central monitor refer to Appendix A: Appendix A: Responsibilities of the Medicine 200 Nurse for Off-Unit Patients (GMCH only)
3. Remove battery from the telemetry pack
4. Return the telemetry unit to:
 - a. GMCH: Medicine200
 - b. NWHC: designated area specific to site

C. Interruption of Telemetry

1. The MRN will contact the MRP or ordering physician to obtain an order to interrupt telemetry for any reason (e.g transport for testing, showers)
2. Place the patient on standby on the central monitor
 - a) GMCH: contact Medicine200 nurse to place patient in standby mode on central monitor
3. When the patient returns to nursing unit take them out of standby mode on the central monitor
 - a) GMCH: contact Medicine200 nurse to take patient out of standby mode on central monitor

References

Guelph General Hospital – *Telemetry Procedure* 7-100

Hamilton Health Sciences Centre- *Remote Telemetry Procedure*, October 17, 2003

Smith S., Duell D., Martin B., *Clinical Nursing Skills. Basic Advanced Skills*. Seventh Edition, 2008

Keywords

Remote Telemetry Monitoring, Initiation of Telemetry, Discontinuation of Telemetry, Interruption of Telemetry.

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Appendix A: Responsibilities of the SCU Nurse for Off-Unit Patients (GMCH only)

In cases where a patient requires telemetry monitoring and is located on a unit without a central monitor (Complex Continuing Care (CCC), Obstetrics/Surgery, or Medicine), the Medicine200 nurse is required to share some additional responsibilities as outlined below.

- At the point of admission or initiation of telemetry on an off-unit patient, the MRN will contact the Medicine200 nurse to admit the patient in the central monitor located on Medicine200 unit.
- The MRN will notify the Medicine200 nurse when the patient is out of range for telemetry (off unit for a test, shower, etc). The Medicine200 nurse will place telemetry unit in standby mode until notified by the MRN that standby mode can be suspended.
- Notify Medicine200 nurse if patient location changes so appropriate changes can be completed on central monitor.

- If telemetry is out of scope for the MRN caring for the patient, consultation with the Medicine200 nurse and CRL will be required.
 - The Medicine200 nurse will immediately report any changes in the off unit patient's cardiac rhythm, significant alarms, loss of, or poor telemetry signal to the MRN when noted
 - The Medicine200 nurse will assist the off unit MRN (as required) with:
 - Technical trouble shooting
 - Analysis of cardiac rhythm strips every 4 hours and when changes in cardiac rhythm are noted

- In cases where the acuity of the off-unit patient is higher than can be managed on an off unit location, consideration may be made to relocate the patient to Medicine200.
 - If the patient's acuity requires transfer to a facility that provides a higher level of care this should be considered in consultation with the CRL and MRP.

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Patient Label

CARDIAC RHYTHM INTERPRETATION SHEET

<p>PASTE ECG STRIP HERE</p>	
Rhythm: _____ P-waves: _____ QRS Complex: _____ (≤0.10 sec) Signature: _____	Rate: _____ PR Interval: _____ (0.12-0.20 sec) QT Interval: _____ (0.32-0.40sec) ST seg/Twave: _____
<p>PASTE ECG STRIP HERE</p>	
Rhythm: _____ P-waves: _____ QRS Complex: _____ (≤0.10 sec) Signature: _____	Rate: _____ PR Interval: _____ (0.12-0.20 sec) QT Interval: _____ (0.32-0.40sec) ST seg/Twave: _____
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