

Telemetry Monitoring Protocol Reference Sheet
Manual code PCS.02.2180

Below are medical diagnoses that may require telemetry monitoring either because of potential for serious arrhythmias or acute ischemic syndromes. Comments are provided as an aide to decision making.

Every Monday, Wednesday and Friday, providers should consider the extension or discontinuation of telemetry and write the corresponding order in the patient's record. Discontinuation of telemetry should be considered after an initial 48 hours with the exception of the following three clinical scenarios:

- Stroke – thrombolysis treated (initial telemetry for 72 hours)
- Heart failure in patients >85 years of age (initial telemetry for 72 hours)
- Critical condition continues beyond 48 hours

Stroke

- Thrombolysis and non-thrombolysis treated

TIA

Suspected Acute Coronary Syndrome

- In the absence of active chest discomfort with normal or borderline elevation of Troponin I \geq 0.120 ng/ml
- If active chest pain/discomfort admit to Critical Care

Chest Pain Observation

Acute Cardiac Arrhythmias *not related to evolving Acute Coronary Syndrome*

- Active cardiac arrhythmia
- Symptomatic new or assumed new bundle branch block or AV block
- Stable recent coronary syndromes (after a minimum of 24 hours in CCU) which include unstable angina, ST elevation and Non-Q Wave MI

Congestive Heart Failure

GI Bleed

- Hemodynamically stable patients with ischemic heart disease by history or ECG

Diabetic Ketoacidosis

- Potassium > 6 or < 3.5 mmol/L
- Arterial pH is < 7.1
- Ischemic disease by history or ECG

Syncope (known or suspected cardiac origin)

- In cases of syncope clearly of non-cardiac origin, Holter monitoring is suggested

Myocarditis or Pericarditis

Patients awaiting revascularization (e.g. PCI)

Medications requiring cardiac monitoring as detailed in HCC policy PCS.02.3220 IV medication administration grid

Drug Overdose

- Theophylline
- Cocaine
- Tricyclic antidepressants
- Amphetamines
- Non- dihydropyridine calcium channel blockers
- Antiarrhythmics
- Beta blockers

Chronic Obstructive Pulmonary Disease/Asthma

- Presenting with new onset arrhythmia
- pH < 7.3
- Severe hypoxia ($pO_2 < 60$)
- Severe hypercapnea ($pCO_2 > 50$)
- Acute bi-pap
- Heliox therapy
- Ischemic disease by history or ECG

Alcohol Withdrawal

- Hyperadrenergic state is present, or
- History of heart disease or
- Abnormal ECG

Electrolyte Disturbances

- Profoundly low or high potassium (< 3.0 or > 6.0)

EKG Changes

- Prolonged QTc interval (\geq 500 milliseconds)
- Changes due to significant calcium or magnesium abnormality

Pneumonia

- Hypoxemia
- Tachycardia

Renal Failure

- Significant electrolyte abnormality
- Uremic symptoms/signs such as pericarditis, mental status changes

Major Surgical Procedures (e.g. Gastric bypass, major abdominal surgery)

- Continuous EPCA/PPCA or around the clock IV pain medications are required
- Telemetry discontinuation should be considered once the patient is switched to PO pain medications and they are hemodynamically stable