



**Procedure:**

1. At the end of the shift, all patients on cardiac monitors will have their ectopy and heart rate trended. This information is then transferred to the Monitor Technician report sheet.
2. Measure the PR interval, the QRS interval, and heart rate. Using this information, interpret each strip.
3. From these interpretations, the monitor technician's report sheet will be kept updated throughout shift.
  - A PR interval > .20 will be noted as a first degree AV block.
  - A QRS interval > .11 will be noted as an IVCD & documented on routine strips. (intraventricular conduction delay), and documented @ 0500 and 1700
4. After the alarms are edited, the strips will then be printed and put in the appropriate location in RCMS.
5. Throughout the shift, the report sheet will be kept updated with: significant events, discharges, transfers, runs of VT, increase or decrease in heart rate and any notification of onset of 2 star alarms.
6. All alarms will be answered immediately by the Monitor Technician and appropriate actions taken as a result of an alarm.
  - The RN caring for the patient shall be notified by phone for any sustained three star alarm, immediately. If the primary RN does not answer, the Monitor Technician will immediately escalate the call to the Charge RN.
  - Should the patient's waveform either improve or convert to sinus rhythm (i.e. 7 beat run of VT, heart rate either increased or decreased to normal on own, etc.) the RN will be immediately notified by phone.
  - The RN will also be notified by phone for two star alarms, for any patient that has leads off or for a battery that's inoperable, or for a poor signal which may warrant changing of patches. These are non-emergency situations and should be communicated to the RN as outlined in RCMS Guideline #6.
7. Admissions, discharges, and transfers in the system will be performed by the Monitor Technician.

8. All arrhythmia printouts will remain in RCMS until the patient is discharged or when monitoring is discontinued. The printouts will then be sent to Medical Records.
9. At the time of admission, a strip will be saved for baseline purposes.

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Todd Korzec, RN, BSN  
Director Cardiovascular Services

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Date

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03/16/2022

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Samer Khouri, MD  
Director, Non-Invasive Cardiac Imaging

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Date

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Christine Stesney-Ridenour, FACHE  
Chief Operating Officer- UTMC

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03/16/2022

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Date

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