

## OLIVE VIEW-UCLA MEDICAL CENTER 5C TELEMETRY USAGE GUIDELINES

Based on AHA/ACC guidelines, see reference at: <http://circ.ahajournals.org/content/110/17/2721.full>

### **Instructions:**

1. Telemetry ***is not a replacement for a higher level of nursing care.*** This does *not* apply to patients in ICU or SDU.
2. This is to be used as a reference by:
  - Physicians when ***ordering*** or ***renewing*** telemetry for patients admitted to the 5C Telemetry unit and entering the appropriate information in the "Special Instructions" field of the order,
  - Bed Flow Nurses to review the "Special Instructions" field on an order being placed by a patient for admission or transfer to 5C Telemetry Unit
  - 5C Telemetry Nurses to review the incoming and current patients with regard to their indications and length of telemetry
3. ***Telemetry is continuous*** (including for transport off floor) ***until discontinued.***

### **Class I (Valid for 72 hours) --CONSIDER SDU OR ICU LEVEL OF CARE, IF INDICATED--**

- Mild – Moderate Heart Failure (Requiring IV Diuretics)
- Hemodynamically Stable Arrhythmia (HR >45 & <150 bpm):
  - Atrial Fibrillation/Flutter (AF),
  - Non-Sustained Ventricular Tachycardia (NSVT), or
  - Other non-sustained Supraventricular Tachycardia (SVT)
- Following Percutaneous Coronary Intervention (PCI)/Cardiac Catheterization
- QTc prolongation (>460 ms in women, >450 ms in men)
- Hemodynamically stable (HR >45 bpm) Atrioventricular (AV) Block (consider SDU/ICU for 3<sup>rd</sup> degree)
- Drug overdose with arrhythmic potential:
  - Digitalis, Tricyclic Antidepressants, Phenothiazines, Antiarrhythmics

### **Class II (Valid for 48 hours):**

- Transfer from ICU or SDU after Acute Coronary Syndrome (STEMI/NSTEMI) or cardiac/respiratory arrest
- Chest pain requiring inpatient evaluation (troponin < 0.8, no significant ECG changes)
- Stroke
- Syncope (true loss of consciousness)
- Post-operative patients with presumptive or confirmed obstructive sleep apnea
- Cardiac contusion, myocarditis or pericarditis
- Initiation/adjustment of antiarrhythmic medications

### **Class III (Valid for 24 hours):**

- Electrolyte abnormality requiring cardiac monitoring but not requiring higher level of care due to underlying process such as diabetic ketoacidosis
- Following pacemaker placement or cardioversion
- Asthma/COPD Exacerbation with hypoxemia (spO<sub>2</sub>≤95%) despite high flow O<sub>2</sub> treatment