

The Agony and Ecstasy of Telemetry Alarms

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AHA GUIDELINES TELEMETRY

Telemetry Indicated	Telemetry NOT Indicated
New Onset or Recurrent Atrial Tachycardias	Chronic Atrial Fibrillation
Any Atrial Arrhythmia with Hemodynamic Instability	Non-Sustained Ventricular Tachycardia
Syncope (if cardiac etiology suspected)	Asymptomatic Sinus Bradycardia
Endocarditis	2nd Degree Heart Block, Mobitz 1 (I.e. Wenckebach)
Acute Decompensated Heart Failure	PPM or ICD (if unrelated to admission)
Moderate to Severe K or Mag Imbalance (Severe hypoK < 2.5, severe hypoMag < 1.3)	Post NON-Cardiac Surgery (if asymptomatic)
Stroke	Chronic Hemodialysis
Drug Overdose	
Post-Conscious Sedation (until awake and alert)	

LOW, MODERATE, & HIGH RISK TELEMETRY

Low Risk: Cardiac monitor for diagnostic purposes. Travel without cardiac monitor and unaccompanied.

- **Definition:** Patients who present with symptoms that are determined to be of a noncardiac cause or low likelihood of for an ischemic cardiac condition. Patients at low risk for life-threatening arrhythmia, ischemia or hemodynamic instability.
- **Patient Examples:** Admissions for diagnostic purposes.
- **Monitor:** 12-24 hours.

Moderate Risk: May be off cardiac monitor only when licensed clinical personnel present. Travel with cardiac monitor and licensed personnel.

- **Definition:** Patients at moderate risk for life-threatening arrhythmia, ischemia or hemodynamic instability. Patients should be on continuous monitoring until source of symptoms/instability has been found and therapy is determined effective.
- **Patient Examples:** Admissions for cardiac related syncope, arrhythmias, uncontrolled AFib, ACS with ECG/enzyme changes, patients transitioning care levels (ICU to Intermediate Care) after cardiac event/procedure.
- **Monitor:** ≥ 24-48 hours (or until no evidence of ongoing hemodynamic/electrical instability).

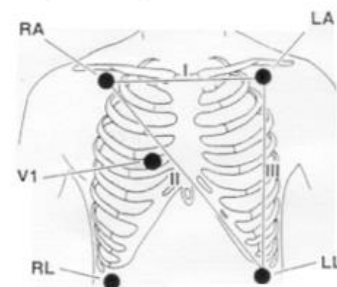
High Risk: Continuous cardiac monitoring. Travel with cardiac monitor and licensed personnel.

- **Definition:** Patients at significant risk of immediate and life-threatening arrhythmia, ischemia or hemodynamic instability in the next 24 hours.
- **Patient Examples:** Patients in the ICU or transitioning care levels (from ICU to Intermediate Care) with potential for decompensation (s/p cardiac arrest, evolving ACS/STEMI, acute respiratory failure, major trauma or surgery).
- **Monitor:** ≥ 24-48 hours (continued until definitive diagnosis and therapy is planned and evaluated for effectiveness).

TELEMETRY LEAD PLACEMENT

PROCEDURE

Standard 5-Lead Electrode Placement (Einthoven + V Lead)



communication

learning together

collaboration