EP33-10 Changes to the Telemetry Policy dated 3/2011. New policy effective 4/30/2012.

* Policy Title: Telemetry and Continuous Pulse Oximetry Monitoring.
* Add Purpose: To define a safe process.
* Under A. Practices #5. “This is due to the fact that SFMC has the capability to monitor patients in all areas of the hospital, PH does not.”
* Under B Admission and Discharge #2 a. PH 2) through 10)

1. Nursing unit makes two copies of the order and prints a sheet of full size bar coded patient labels.
2. Nursing unit contacts patient transport at extension 5277 and requests a new telemetry box pick-up.
3. Patient Transport dispatches a transporter to the nursing unit that is requesting the telemetry. The transporter picks up two copies of the order and the patient labels.
4. The transporter takes the order/labels to the telemetry area in CVU. The tele tech reviews the orders and makes sure that the correct tele box is being assigned and picked up. The transporter notes the tele box number on the transport slip. The tele tech keeps one copy of the order. The second copy of the order is placed in the bag along with the equipment.
5. The transporter delivers the tele box to the unit and hands it to the charge nurse or unit secretary. The transporter will have the person receiving the equipment sign the transport slip including the date and time.
6. The goal is to have the telemetry unit on the patient within 15 minutes from the order written whenever possible.
7. RN places the equipment on the patient after identifying that the equipment and patient match. The RN calls the tele station to verify that everything is working correctly and that there is a good signal from the tele unit. The RN and the tele tech will verify correct patient name, DOB, telemetry box number, room number, pulse ox number and other pertinent information e.g. pacemaker, Do Not Resuscitate, OSA, reason for telemetry, if known etc.
8. Transport staff will bring a copy of the order with the exception of PACU. On occasion when patients have obstructive sleep apnea (OSA) or suspected of having OSA, thus they need telemetry/oximetry (tele-ox) monitoring, per policy, IDP O-01-p )or for those with a PCA and need telemetry/oximetry.
9. The transporter will deliver the telemetry unit to PACU & Critical Care prior to the patient leaving these areas. When ready for transfer, the PACU or Critical Care nurse will call telemetry and verify the patient name, DOB, telemetry box number, pulse ox number and room where patient is being transferred. Once the patient is on the inpatient nursing unit, the unit nurse will call the MT and again verify the patient name, the patient’s DOB, box numbers and room number and other pertinent patient information i.e. pacemaker, DNR, OSA, reason for telemetry.

* Under B Admission and Discharge 2.b. At SFMC “ For all units, an order will be faxed to telemetry, with the patient’s room number, and the telemetry unit will be sent, via the tube system, to the correct location labeled with the patient’s name, DOB and room number.” SFMC can use the tube system as they have only one system. Penrose has two which makes tubing telemetry units difficult and not dependable.
* Under B Admission and Discharge #3 “. The charge nurse, in collaboration with the other charge nurses/ clinical managers on the remote units or the administrative managers depending on the time of day and with the physician, will triage the telemetry needs…… e.chronic stable atrial fib, post op surgeries (non OSA patients).”
* Under B Admission and Discharge #4 “. Nursing units may call Transport staff to assist in returning the discharge telemetry units back to the telemetry station.”
* Under D Communication #2 “. The MT will remain on the phone with the RN for life threatening rhythms and leads off until the appropriate action is completed.”
* Under D Communication #3 “Alarms will be communicated by the MT to the RN in the following manner: See also the attached flowchart.
* Under D Communication #3 c. “Pulse Oximetry – For probe off or low saturation <90% or low saturation % per physician order (to be communicated to Monitor tech (MT)”
* Under D Communication #3 d. Leads off- change call times from 5 to 3 minutes. MT to remain on phone with RN until appropriate action is completed. If RN does not answer, the MT will call the charge nurse and if no answer a code blue will be called.
* Under D Communication #4. Battery Change-- Battery Change – The MT will call the patient’s RN. When calling for battery failure, the MT will remain on the phone with the RN until the appropriate action is completed. If the patient’s RN does not answer, the MT will call the unit charge nurse. If no answer, the MT will call a code blue at 1234 at PH and SFMC.
* Under D Communication #5--On occasions when the RN will be unavailable i.e. doing a procedure, in isolation rooms or on their lunch breaks, he or she will assure that somebody is able to answer the telemetry calls at all times.”
* Under D Communication #6 a. 2) added to include 8 hr. shift change. “

Each unit will then send this list, along with a phone list of all the nurses caring for each patient on telemetry, 30 minutes of each shift change, to include eight hour shift changes, to the telemetry station”

* Under E Documentation #1– add R-R interval.
* Under E Documentation #3 The MT will document any communication with the patient’s RN on the rhythm strips (such as nurse name, notification at time of rhythm change, rate changes, decrease in oxygen saturation, off telemetry for a period of time due to tests or showers, etc).
* Under E Documentation #5 added “ At this time, the two MTs (at PH only) will review the alarm settings and document changes from default settings (after communicating with the patient’s RN) on their report sheet.”
* Under F Monitor Observation #4 added “ During mealtimes, staff will assure that patient’s pulse oximetry is **not** taken off.”
* Under F Monitor Observation #7 added- till the end of shift “The previous nurse must keep the phone till the end of his/ her shift and until information is passed on to the next nurse.”
* Under F Monitor Observation, #8 was added “ If an alert and cooperative patient is refusing to wear the telemetry unit or the tele-ox. the nurse will notify the LIP so the telemetry/ tele-ox order can be discontinued (DC) and this will be communicated to the MT. Patients who have dementia, confusion or having alcohol withdrawal symptoms are excluded from this statement. The nursing staff may offer the patient to sign an AMA (Against Medical Advice) form for the refusal of treatment. After 30 minutes that the patient is off without a DC order, the MT will notify the unit charge nurse. After the next subsequent 30 minutes and patient is still off with no DC order, the MT will call the clinical manger or the administrative manager depending on the time of day. All communications will be documented in the CIS.”
* Added Definitions under new policy format
* Telemetry Flowchart- red color for Life threatening rhythms and Leads off,

yellow for low or off probe and battery change. Change call times on leads off to 3 mins from 5 mins previously. Added the action to call Code Blue if no response from RN and Unit Charge RN.