

TELEMETRY ADMISSION GUIDELINES

1. Acute Coronary Syndrome

- a. Acute MI
- b. Unstable Angina
- c. Post interventional cardiology procedures
- d. Possible Acute Coronary Syndrome-rule out MIs

2. Arrhythmias

- a. Those requiring intervention, titration of meds
- b. Those requiring cardioversion
- c. Syncope with concern for arrhythmia
- d. Drug Toxicities-potential arrhythmogenic compounds (digoxin, TCAs, etc...)
- e. New onset SVTs
- f. Post ablation
- g. NSVT

3. Pacemaker

- a. Suspected or known malfunction
- b. Pre and post placement

4. AICD

- a. Pre and post placement
- b. Suspected firing or malfunction

5. Infusion of Certain Drugs

- a. Cardizem
- b. Cardene
- c. Amiodarone
- d. Dobutamine
- e. Primacor
- f. Flolan
- g. Others-see med list requiring telemetry monitoring

6. Pericardial Catheters maybe after catheter removed, pt needs to remain on unit for 24hrs for observation

- a. Concern for tamponade

7. Pre and post op cardiothoracic surgery patients

8. CHF

- a. New onset-to determine if ischemic or arrhythmia related
- b. Acute exacerbations until better compensated

9. TIA/CVA-to rule out arrhythmia

10. Pulmonary Embolism

11. LVAD

12. Significant Electrolyte Abnormalities

- a. K > 5.5 or <3.0
- b. Ca <6 or >14 (adjust for low Albumin)
- c. Mg < 1.0

TELEMETRY DISCHARGE GUIDELINES

1. Stable rhythm x 24 hours
2. Chest pain free x 48 hours
3. Stable electrolytes x 24 hours
4. Hemodynamically stable x 24 hours
5. Off rate control gtts with stable rhythm times 24 hours

DIAGNOSES NOT GENERALLY NEEDING TELEMETRY

1. Rate Controlled Chronic Atrial Fib
2. PVCs without ischemia
3. Acute Renal Failure not meeting electrolyte criteria
4. Patients transferred out of the ICU without a telemetry diagnosis