Southern Health Santé Sud

INPATIENT TELEMETRY STANDARD ORDERS

NB: These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.
■ Standard orders. If not in agreement with an order, cross out and initial. □ Requires a check ☑ for activation.

DIAGNOSIS √ appropriate diagnosis for patient		STANDARD ORDERS
☐	**ACUTE CORONARY SYNDROMES (ACS)** *(see reverse for reassessment considerations)* ☐ Telemetry x 48h then reorder as needed ☐ Telemetry until angiogram completed *Post Angiogram* ■ Telemetry x 24h then reorder as needed	■ Peripheral IV lock ■ Instruct patient how to use transmitter button for any concerning symptoms
☐	**PRESYNCOPE/ SYNCOPE** *(see Canadian Syncope Score on reverse)* *Low to Medium risk (score: -1 to 3)* ☐ Telemetry x 48h then reorder as needed *High to very high risk (score: 4-11)* ☐ Telemetry until consultation with cardiology and planned disposition	**UNIT** ■ Change electrodes q24h. Cleanse skin with soap and water and inspect skin ■ Report to telemetry nurse prior to shift change and PRN with full set of vital signs (i.e. 0600-1400-2200)
☐	**DYSRHYTHMIA** *(see reverse for reassessment considerations)* ■ Telemetry x48h then reorder as needed	■ When telemetry discontinued: notify telemetry nurse. Remove, clean telemetry pack and return to SCU.
☐	**CEREBROVASCULAR ACCIDENT (CVA) OR TRANSIENT ISCHEMIC ATTACK (TIA)** ■ Telemetry x24h if no arrhythmias, then discontinue	■ Respond promptly to any calls from SCU for arrhythmia notifications
☐	**OTHER DIAGNOSIS** **Dx:** ____________________ ____________________ ____________________ ■ Telemetry x 24h then reorder as needed	**EMERGENCY DEPARTMENT / SPECIAL CARE UNIT** ■ Print and interpret telemetry strips q4hrs and PRN for any arrythmia alarms. Strips and flowsheet are placed in the chart daily at 0600 ■ Notify unit immediately of any concerning arrhythmias

Prescribers Signature: ____ Date/Time: ________________

Category	Points
Clinical evaluation	
Predisposition to vasovagal symptoms*	–1
History of heart disease†	1
Any systolic pressure reading < 90 or > 180 mm Hg‡	2
Investigations	
Elevated troponin level (> 99th percentile of normal population)	2
Abnormal QRS axis (< –30° or > 100°)	1
QRS duration > 130 ms	1
Corrected QT interval > 480 ms	2
Diagnosis in emergency department	
Vasovagal syncope	–2
Cardiac syncope	2
Total score (–3 to 11)	___

Total score	Estimated risk of serious adverse event,§ %	Risk category
–3	0.4	Very Low
–2	0.7	Very Low
–1	1.2	Low
0	1.9	Low
1	3.1	Medium
2	5.1	Medium
3	8.1	Medium
4	12.9	High
5	19.7	High
6	28.9	Very High
7	40.3	Very High
8	52.8	Very High
9	65.0	Very High
10	75.5	Very High
11	83.6	Very High

CANADA SYNCOPE RISK SCORE: REASSESSMENT CONSIDERATIONS:

- Reordering ongoing use of telemetry is up to the discretion of the attending physician for the given patient
- Below are general suggestions for considering continuing telemetry, although it is up to the attending physician to consider each patient uniquely and reassess their individual needs

Consider ongoing use of continuous telemetry for any of the following:

- Documented ventricular dysrhythmia during initial telemetry period (even if asymptomatic) that is either frequent, recurring, or sustained
- Persistent or episodic brady dysrhythmia or tachydysrhythmia during initial telemetry period with appreciable associated symptomology or hemodynamic consequence, especially where routine checking of vital signs (HR, BP) would be insufficient for patient needs
- On going appreciable chest pain syndrome in the context of ACS that is not well managed with routine anti-anginals
- Presyncope/Syncope as per the Canadian Syncope Score.