

CARDIAC MONITORING

1. Level: AEMT, Paramedic, RN
2. Purpose: Early detection of arrhythmias and continuous observation of electrical regularities and irregularities originating from the heart.
3. Indications may include but not limited to:
 - 3.1. Chest pain
 - 3.2. Abdominal pain
 - 3.3. Non-traumatic back pain
 - 3.4. Shortness of breath
 - 3.5. Change in mental status (to include but not limited to weakness, vertigo, syncope, stroke, seizure)
 - 3.6. Electrical shock
 - 3.7. Falls not attributed to slip/trip
 - 3.8. Heart rates <45 bpm and >145 bpm
 - 3.9. Allergic reaction/ anaphylaxis
 - 3.10. Heat or cold related injuries or complaints
 - 3.11. Poisoning or overdose
 - 3.12. All complaints with Systolic B/P <90mmHg or > 180mmHg
 - 3.13. All complaints with Diastolic B/P <60mmHg or >120mmHg
 - 3.14. Burns
 - 3.15. To confirm death (withhold in cases of crime scene preservation or at the request of law enforcement/coroner's office.)
 - 3.16. During medication administration. It is acceptable to administer the initial dose of medication in the pain management protocol prior to connecting cardiac monitor.
 - 3.17. Any patient on a ventilator
4. Procedure:
 - 4.1. Prepare ECG monitor with all necessary equipment to include cables and electrode.
 - 4.2. Expose the chest as necessary after advising the patient. Modesty of the patient should be respected.
 - 4.3. Prepare the area that electrodes will be applied by using 4X4 to clean the skin if necessary.
 - 4.4. Apply electrodes
 - 4.4.1. RA- Right arm
 - 4.4.2. RL- Right leg
 - 4.4.3. LA- Left arm
 - 4.4.4. LL- Left leg
 - 4.5. Monitor and identify rhythm while printing a minimum 6 second recording.