WASHINGTON ADVENTIST HOSPITAL
PATIENT CARE POLICY MANUAL

ADMISSIONS/DISCHARGES/TRANSFERS FOR THE CARDIAC TELEMETRY UNITS

Effective Date:
Cross Referenced: CCU Policy #205
Reviewed: 4/88, 10/90, 4/91
Revised: 3/86, 3/87, 3/89, 2/91, 1/93, 4/95, 3/98, 5/00, 10/00,1/04,10/08,5/13

Policy No: WAH. 5615
Origin: NRSG
Authority: EC
Page: 1 of 3

PURPOSE

To provide guidelines for admission to Units 5100 and 2500, along with criteria for discharge in order to provide for appropriate utilization of Cardiac Telemetry beds.

GENERAL ADMISSION POLICIES

Admission or transfer to Units 5100 and 2500 is made by the Admitting Physician through the Admitting Office. The charge nurse is notified by the Admitting Office.

A. ELIGIBILITY

Eligibility is based on admission and discharge criteria as well as the reversibility of the clinical problem the likely benefits of cardiac care, and expectation of recovery.

B. OBLIGATIONS OF ATTENDING PHYSICIANS

1. The attending physician assumes responsibility for the overall coordination of the care of the patient, and agrees to be available to the unit to address problems as they arise. If the training, expertise or availability of the patient's own attending physician does not permit the fulfillment of that responsibility, then the overall responsibility of care may be transferred to another physician.

2. When a patient is admitted from outside the Hospital to Units 5100 & 2500, the patient must be seen by the admitting physician (or designee) as follows:

   a. If admitted BEFORE 8:00 pm, on the same day of admission
   b. If admitted AFTER 8:00 pm, within twelve (12) hours of admission

   This requirement begins when the patient is admitted to the Hospital, not the unit. An admitting note and history and physical shall be placed on the chart within twenty-four (24) hours of admission. When these items are dictated, a note should be written to that affect and sufficient information given so that emergency treatment can be appropriately administered.

3. Admission orders should be obtained upon the patient's arrival to the admitting unit. All telemetry patients must have a saline lock in place unless the physician orders otherwise.

4. The attending physician or designee will see his/her patients at least once daily and record in the progress notes.

C. ADMISSION CRITERIA

1. Chest pain of suspected cardiac origin
2. Syncope of suspected cardiac origin
3. Post AMI
4. Administration of select continuous infusion cardiac medications
5. New onset/Unstable angina
6. Pericardial disease
7. Cardiac drug toxicity
8. Suspected pacemaker/ICD malfunction
9. Post ICD/permanent pacemaker insertion
10. Complex CHF
11. Treated/Stable aortic dissection
12. Pre-/Post-operative cardiac surgery
13. Pre-/Post-cardiac interventional procedure
14. High grade dysrhythmia
15. Acute CVA

Patients who do not meet the criteria will be reviewed for admission or transfer to another unit. Patients for whom limits have been placed on treatment or resuscitation may be admitted to 5100 and 2500 units if they meet other admission criteria.

D. FURTHER SPECIFIC CRITERIA

1. A Cardiac Telemetry bed must be available.

2. The attending physician shall decide if his patient medically requires a Cardiac Telemetry bed.

3. All admissions and transfers will be coordinated through the CN, Admitting Department and Administrative Supervisor.

4. When a Telemetry bed on Units 5100 and 2500 is needed and all physicians report that their patients are not transferrable, the Cardiac Telemetry Director/designee along with the Chief Medical Officer/designee will review all patients, and final triage decisions will be made by the Chief Medical Officer/designee, in consultation with the attending physician.

5. When no cardiac tele bed available on either Unit 5100 or 2500 Telemetry the patient shall be admitted to an another monitored setting, capable of providing equal or a higher level of care.

6. Direct admission: considered based on bed availability. Orders should accompany patient upon arrival on unit.

E. PATIENT PLACEMENT

All reasonable efforts will be made to place patients in the setting most appropriate for meeting the requirements of that patient's care.

1. The following guidelines are based on unit specific resources:

   a. Post interventional cardiac patients admitted to telemetry who require a c-clamp, groin care or sheath removal, will be placed in Units 5100 and 2500 with appropriate Transcare Unit or ICU/CCU staff support.

b. No more than two patients with sheaths may be on the unit at any one time.

c. Patients receiving intravenous antiarrhythmic, vasodilator, vasopressor, or inotropic therapy other than those drugs/dosages approved will be (see WAH.5027) admitted to a critical care unit.

d. If the patient cannot be moved to or remain in any of the settings identified above, arrangements will be made to provide appropriate resources at the bedside.

2. General medical-surgical patients requiring telemetry monitoring should be admitted to the appropriate medical-surgical unit (i.e. Units 2200, 3200 and 4200), and not cardiac telemetry.

F. NURSING RESPONSIBILITIES

1. The nurse will give a complete report to the receiving nurse.

2. The attending physician, patient and family shall be notified of discharge or transfer.

GENERAL DISCHARGE POLICIES

A. ATTENDING PHYSICIAN OBLIGATIONS

Attending physicians are responsible for discontinuing telemetry monitoring and transferring patients out of Units 5100 and 2500 in a timely fashion when their patients meet discharge criteria. Patients shall be evaluated by the attending physician every 24 hours to determine progress and re-evaluation of intensity of their care.

B. DISCHARGE CRITERIA

The charge nurse will evaluate patients each shift to determine readiness for discharge. The Chief Medical Officer/designee will assist in determining bed priorities and interpreting criteria when all beds are full. Transfers in and out of the Units 5100 and 2500 will be at the discretion of the attending physician. Patient transfer will be considered when the patient meets/exceeds utilization guidelines. (Refer to Policy WAH.5746 – Telemetry Utilization Guidelines.)