

**HACKETTSTOWN REGIONAL MEDICAL CENTER
CARDIO PULMONARY POLICY MANUAL
LINQ**

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Effective Date: June 2015
Cross Referenced:
Reviewed Date: 02/16
Revised Date: 02/16

Policy No: 5.006
Origin: Cardio Pulmonary
Authority: Cardio/Pulmonary Manager
Page: 1 of 2

Purpose: To outline the procedure for the insertion of the Reveal Linq and the monitoring of patients with the Reveal Linq.

Indications: Patients with clinical syndromes or situations at increased risk of cardiac arrhythmias or who experience transient symptoms such as dizziness, palpitations, syncope, and chest pain that may suggest a cardiac arrhythmia.

Contra Indications: These are no known contra indications for the implant of the Reveal Linq Insertable Cardiac Monitor. However, the patient's particular medical condition may dictate whether or not a subcutaneous chronically implanted device can be tolerated.

Warning and precautions: Patients with a Reveal should avoid sources of diathermy, high sources of radiation, electrosurgical cautery, external defibrillators, lithotripsy, therapeutic ultrasound, and radiofrequency ablation to avoid electrical reset of the device and/or inappropriate sensing.

Procedure:

I. Prior to insertion:

1. Patient is identified.
2. Prescription is sent to Cardiology Department by the Cardiology practice staff. The nurse will notify the OR to schedule patient and obtain insurance verification. OR orders device (3-4 day lead time). Part Number (LNQ11 and LINQMCL). Medtronic coordinates with all parties to program LINQ in the OR
3. Cardiologist, Medtronic Rep. and Cardiology nurse collaborate on the programming of the device settings (algorithms) and clarify any special instructions.
4. Cardiologist and Cardiology RN notified of insertion date and the time of procedure by the OR staff.

II. Day of Insertion:

1. Cardiology RN to assess patient and provide education. Nurse needs to discuss the appropriate parameters.
2. Insertion Procedures:
 - A. Prior to procedure complete the following standards:
 1. Aseptic Technique is performed and includes but is not limited to:
 - a) Hand Hygiene
 - b) Maximal Barrier Precautions on insertion: For the provider this includes: hand hygiene, head covering and mask, mask covering nose and mouth, sterile gown and gloves. For the patient this includes covering the patient's head and entire body with a large sterile drape. For observers this includes donning a mask.
 - c) Chlorhexidine (CHG) skin antisepsis: FDA approved 2% chlorhexidine antisepsis recommendation. For patients with an allergy to CHG or impaired skin integrity: povidone iodine and 70% alcohol can be used.
 2. Appropriate equipment is available (see addendum)
 3. Patient is positioned appropriately
 4. Time out completed at beginning of procedure.
 - B. Insertion is performed following the technique as per the physician training.
 - C. At the time of insertion:
 - a. The assigned nurse will program the device per Cardiologist instructions.
 - b. Staff registers the device on the Medtronic registry (includes referring cardiologist).
 - D. Following insertion:
 - a. Cardiology RN sets/reviews alerts. Pacemaker staff enters the patient into Carelink.

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III. One week following insertion:

1. Patient sees physician for incision check.
2. Cardiology RN will follow up with the patient for any possible issues.

IV. Monitoring:

Carelink monitored daily by 10:00 AM Monday-Friday by Cardiology RN. (Red alert notifications can be set for after hours if needed).

Active alerts

Cardiologist is contacted and instructed to access Carelink to review data.

No Alerts

Every 30 days a summary report is printed and sent to Cardiologist and ordering physician