

HACKETTSTOWN REGIONAL MEDICAL CENTER

**MONITOR TECH'S MANUAL**  
(Scope)

**TITLE: EMERGENCY PLAN FOR TELEMETRY EQUIPMENT MALFUNCTION and SCHEDULED DOWNTIME**

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**PURPOSE:** To safely monitor patients on Telemetry if the Central monitoring system or any other telemetry equipment should not be functioning properly.

**CONTENT:**

**I. PROCEDURE STEPS for Equipment Malfunction**

A. Telepacks and Pulse Oximetry Probe for Telepack

1. For any instance where equipment has been determined to be out-of service, the equipment should be removed from use and labeled as out-of-service with a description of the identified malfunction along with the date, department and name of the user. In addition, any action taken (i.e, "Biomed has been notified") should be noted on the labeled equipment.
2. Broken, damaged or malfunctioning medical equipment must be identified with a red DANGER.
3. A Novamed Biomed technician is scheduled to be onsite during specified days and hours. The days and hours are subject to change and can be verified by calling Materials Management or the Biomed technician.

- Non Emergency Requests - If the request is not determined to be an emergency, a message should be left for the Biomed technician for service to be performed during his next on-site visit.
- Emergency Requests - If the request is determined to be an emergency, Novamed has provided the following 800 number 800-439-9747 for after hour's calls. Novamed is contractually committed to call back within one hour and to be on-site within three hours for emergency cases.
  - For nights, weekends and holidays, representatives for all units and departments should call the Novamed 800 #. Novamed will evaluate the request and if they concur that an onsite emergency visit is required, they will call back to obtain the approval of the Administrative Coordinator before initiating the work order.
  - Inpatient units and the ED - the unit representative should call the Novamed 800 #. Novamed will evaluate the request and if they concur that an onsite emergency visit is required, they will call back to obtain the approval of the Unit Manager (or other designated lead).

**II. PROCEDURE FOR MONITORING PATIENTS when system is down/ malfunction of Main Central monitoring system (CPU), monitor display including slave monitors**

1. Call Bio-Med, Nursing Supervisor, Critical Care Manager and Lead Monitor Tech. Have Nursing Service place hospital on Critical Care Divert status. Follow steps above to contact BioMed.
2. Triage Telemetry – go through Telemetry book. Notify primary nurses of patients that have had stable rhythms. The nurse will than call admitting physicians to see if patients can have their telemetry discontinued for a period.

3. There are (33) “dashes” available. The dashes can be found in Same Day Surgery, the Emergency Room and PCU.  
There are (2) Bio-Z’s available - one available in Cardiology and one available in the Emergency Department.  
There are (2) Transport Monitors available from the Emergency Department.  
There are (3) Crash Cart Monitors – one in ICU and two in PCU – one of which is in the Procedure Room.
4. All patients who require Telemetry and can be moved, will be moved to either ICU or PCU if there is availability.
5. Any available personnel who can interpret Telemetry will go to PCU or MS to help monitor patients.
6. If not enough monitors are not available at time (ie surgical services has them in use on other patients), have qualified staff round on patients to periodically check mental status of patients and radial pulse. Any patient identified by the primary nurse to have an unstable rhythm will have continuous monitoring by staff if another telemetry unit is not available.
7. Notify physician of patients who can not have their ECG monitored.
8. Place patients on all available monitors for Telemetry monitoring. Continue to monitor patients until main system is back up and cleared by either Bio-Med or GE for use.

### III. SCHEDULED DOWNTIME

1. Scheduled downtime is defined as an event that requires the central station to be rebooted or preventive maintenance is required to the system at a predetermined time.
2. Notify Bio-med or GE Healthcare that the system needs to be offline.
3. Confirm with the providers completing the service the approximate time the system will be taken off line and anticipated to be off line.
4. Advise the charge nurses PCU and Med-surg, the Administrative Coordinator, Lead monitor tech and Critical Care manager of the scheduled service. Include approximate start and duration time.
5. Confirm with Bio-med or GE that a back up CPU is available and ready to use if needed.
  - A back up CPU is located in the BioMed room. Contact Biomed during the daytime hours to have back up CPU in place.
6. If Biomed is off site contact Maintenance or Security Department to retrieve. Confirm all patients are assigned to correct patient locations on the central monitor prior to going offline
  - All patient information will need to be reentered into back up CPU. Patients will have to be readmitted into central station.
  - Back up CPU can monitor 16 patients and does not contain license for Full disclosure.
7. Follow the procedure for monitoring patients in section II.
8. Once system is back up and patients information is confirmed advise Charge nurses on Med-Surg and PCU that visually observation and other back up monitoring can be discontinued.
9. Set up CPU if BioMed or GE not available and there is need to use for monitoring patients.
  - Turn off power to affected Central Monitor CPU
  - Disconnect power cord from red outlet
  - Place back up CPU next to affected CPU
  - Disconnect cables one at a time

- Plug into back up CPU's same port as affected CPU
- Once all connections intact, secure plug power cord of back up CPU into red power outlet.
- Turn on power
- After set up, admit all patient into central monitor.
- Once all patient information is captured/being monitored contact med surg and PCU charge nurses.