

Section: Division of Nursing

PROCEDURE

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HACKETTSTOWN REGIONAL MEDICAL CENTER

MONITOR TECH'S MANUAL
(Scope)

TITLE: TELEMETRY SHIFT REPORTING (TSR) PROCEDURE

PURPOSE: To outline the procedure to insure timely (every 4 hours) and accurate telemetry reporting to all units (3 North and PCU).

EQUIPMENT LIST:

1. Telemetry Transmitter
2. Central Station
3. Telemetry Report (copy attached)

CONTENT: PROCEDURE STEPS

A. Complete Tele shift report for your shift by entering the following:

1. In the computer click on Excel
2. Find appropriate unit (3 North or PCU)
3. Enter date
4. Enter shift
5. Fill out appropriate patient information:
 - a. Patient name
 - b. Telemetry box #
 - c. Physician name
 - d. Patient Room #
 - e. Diagnosis
 - f. Start date
6. Delete any patients from report who have been discontinued from telemetry.

B. Print a Rhythm strip every four hours (0800, 1200, 1600, 2000, 0000, 0400).

Though print outs are about every 4 hours and reports are generated at that time, exact time of the rhythm strips needs to be documented in the interpretation log

C. Post rhythm strip into the appropriate record (3 North or PCU) and record your interpretation of the rhythm strip. Reporting anything unusual in comment section of report sheet.

D. Record your interpretation on the Telemetry Report Sheet (found in Excel) and click on file.

1. Click on print.
2. In the area next to name click appropriate unit. Select number of pages to be printed by clicking pages in the area next to pages.
3. Enter pages to be printed.
4. Click ok.
5. Telemetry report will print via laser printer on appropriate unit.

3 North Telemetry Report

DATE	SHIFT	TIME	RHYTHM	RATE	PRI	QRS	QT	COMMENTS
Name:	Room #:	0800						
DATE:	Tx #:	1200						
Doctor:	Dx:	1600						
Name:	Room #:	2000						
DATE:	Tx #:	0000						
Doctor:	Dx:	0400						
Name:	Room #:	0800						
DATE:	Tx #:	1200						
Doctor:	Dx:	1600						
Name:	Room #:	2000						
DATE:	Tx #:	0000						
Doctor:	Dx:	0400						
Name:	Room #:	0800						
DATE:	Tx #:	1200						
Doctor:	Dx:	1600						
Name:	Room #:	2000						
DATE:	Tx #:	0000						
Doctor:	Dx:	0400						