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HACKETTSTOWN REGIONAL MEDICAL CENTER

<u>MONITOR TECH'S MANUAL</u>
(Scope)

TITLE: **TELEMETRY SHIFT REPORTING (TSR) PROCEDURE**

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PURPOSE: To outline the procedure to insure timely and accurate telemetry reporting to all monitored units including in the event of downtime.

EQUIPMENT LIST:
1. Telemetry Transmitter
2. Central Information Center
3. Telemetry Report * do be used for downtime (see attachment)

CONTENT: **PROCEDURE STEPS**

      A. Electronic Documentation
1. Select patient
2. Using electronic calipers, measure and mark appropriate intervals
3. Transfer the measurements to the CIC
4. Print a Rhythm strip (at the beginning of each shift)
5. Enter the measurements and interpretation with any additional comments into the Telemetry Form.
6. Notify MS units that reports are ready and the charge nurse will pick them up.
7. Notify PCU that reports are ready and strips are available on the unit.

Though print outs and reports are generated at the beginning of each shift, the exact time of the rhythm strips needs to be documented in the electronic record. The recording time of this is automatically noted in the electronic record.

      B. During Downtime:
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.
7. Print a Rhythm strip at the beginning of each shift
8. Rhythm strip are sent to appropriate units
9. Record your interpretation on the Telemetry Report Sheet (found in Excel) and click on file.
   a. Click on print.
   b. 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.
   c. Enter pages to be printed.
   d. Click ok.

e.   Telemetry report will print via laser printer on appropriate unit.

Med Surg Telemetry Report

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