

**PROCEDURE**

**TITLE: TELEMETRY TRANSMITTER UNIT A) attaching patient to B) cleaning and storage of**

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**A. Attaching Patient to Telemetry Transmitter:**

**PURPOSE:** To monitor patient's cardiac rhythm on PCU and the Medical/Surgical units.

- EQUIPMENT LIST:**
1. Telemetry Transmitter with two (2) AA alkaline batteries.
  2. Five (5) electrodes
  3. Hospital gown, top with pocket or telemetry pouch.

<b>CONTENT:</b>	<u>PROCEDURE STEPS:</u>	<u>KEY POINTS:</u>
	1. Explain use and purpose of telemetry transmitter to patient.	Assure patient he/she can carry out normal activity.
	2. Obtain equipment from Telemetry Tech. Provide the Telemetry tech with patient name, room number, medical record, diagnosis and pertinent cardiac history.	RN, LPN, CNA or MT/US may attach telemetry. Doctor's order needed if the patient is on the medical/surgical units and require telemetry. All patients on PCU are monitored via telemetry as a standard.
<b>TRANSMITTER SET UP:</b>	3. Install two (2) fresh AA batteries in the transmitter: <ol style="list-style-type: none"> <li>a. Locate battery cover at bottom of transmitter.</li> <li>b. Slide battery cover to open battery compartment.</li> <li>c. Insert batteries.</li> <li>d. Slide battery cover to close.</li> </ol>	Follow polarity signs.
	4. Check number on transmitter. (TTX#)	
	5. Place transmitter in pocket of hospital gown or use telemetry pouch.	Located in Telemetry room.
<b>ELECTRODE PLACEMENT:</b>	6. Ensure that electrode gel is fresh.	Check expiration date. When packages of electrodes are opened the remaining electrodes need to be placed in a plastic bag. The date the electrodes were opened or the expiration date has to be written on bag. Electrodes expire 45 days after package is opened.
	7. Use one electrode brand for all electrodes placed on a single patient.	Mixing brands may cause artifact baseline or lead failure message.
	8. Clean skin at electrode sites well with water and dry. Clip hair if necessary.	Obtain clippers used for operative patients, follow procedure.
	9. Place electrode on flat, non-muscular area to	

avoid motion artifact.

10. Connect lead wires to electrodes.

MONITORING:

11. Contact Telemetry Tech in telemetry room immediately to have him/her check clarity of signal. Obtain rhythm and rate.

12. Transmitter Operating Controls:

a. Graph: Press this key to initiate 17 second graph run at the display central information center (CIC).

b. Display Key: If lead indicator fails to light when pressed, this indicates poor lead contact.

13. A report must be generated every 4 hours from the Telemetry Tech. The Monitor Tech will call appropriate nursing unit with any changes in patient's rhythm or rate.

14. Affix a demographic label to the telemetry charting form 1, complete information where indicated and given to telemetry tech.

This form would be utilized during downtime and/or related conditions.

15. Call telemetry tech to verify that the leads are attached and obtain rhythm and rate.

DOCUMENTATION

16. Follow policy 8620.229b Cardiac/Telemetry monitoring protocol for monitoring and documentation elements related to telemetry monitoring and Monitor Tech policy #13 Ongoing Monitoring of Telemetry Patients and Monitor Tech policy #7, Telemetry Shift Reporting (tsr) procedure.

**B. Cleaning and Storage of Telemetry Transmitter**

PURPOSE: 1. To maintain cleanliness of telemetry transmitters and electrodes.  
2. To maintain adequate supply of telemetry transmitters available for use.

EQUIPMENT LIST: 1. Telemetry transmitters/electrodes  
2. Hospital supplied disinfectant.

CONTENT:

PROCEDURE STEPS:

KEY POINTS:

3 North or Step Down RN/LPN Responsibility

1. Remove telemetry transmitter from patient

1. Return telemetry transmitter to telemetry room.

\*If patient is on continuous pulse oximetry monitoring the adaptor also needs to be returned.

\*\*If patient is on isolation, or the telemetry transmitter is visibly soiled, place telemetry transmitter in plastic bag prior to giving it to the telemetry tech.

Telemetry Technician  
Responsibility

2. If receiving transmitter in plastic bag, the telemetry tech will send the transmitter to Central supply and write the Telemetry transmitter number (TTX#) on the board in the Telemetry Room with disposition date/time.
3. If transmitter is not visible soiled or was in isolation, the telemetry tech will wipe the unit with hospital approved disinfectant wipes.
4. Remove batteries and discard.
5. Check lead wires for breakage, discard fractured leads.
6. Store in the Telemetry holder on the Telemetry Room wall.
7. If clean transmitters are needed from Central Supply, communicate urgency to Central Supply staff.
8. Check with Central Supply to request all transmitters units be returned by 1900.
9. When a telemetry transmitter is dispensed, place new batteries and provide clean electrodes.

The telemetry tech places the bagged transmitter in the soiled utility room for Central Supply to pick up.

REFERENCE: GE Medical Systems Information Technologies. *ApexPro Telemetry Monitoring Mentor Application Class Workbook*, 2003 General Electric Company.