



Telemetry Order Form

Admit to Level of Care :

- Acuity Adaptable Telemetry:** Complex EKG monitoring for patients who are at high risk for arrhythmias requiring frequent nursing assessment and acute intervention using antiarrhythmic and vasoactive IV infusions.
- Med/Surg Telemetry:** Simple EKG monitoring for patients at low risk for developing arrhythmias and hemodynamically stable.

Allergy/Sensitivities and Reactions:	Height: _____ <input type="checkbox"/> Inches <input type="checkbox"/> Cm	Weight: _____ <input type="checkbox"/> Kg <input type="checkbox"/> Lb <input type="checkbox"/> Actual <input type="checkbox"/> Estimated
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INDICATE REASON FOR TELEMETRY:

<input type="checkbox"/>	Syncope with one of the following: acute congestive heart failure, ventricular tachycardia, systolic blood pressure less than 90, second or third degree block, heart rate less than 45, or heart rate greater than 120
<input type="checkbox"/>	Asymptomatic second or third degree heart block
<input type="checkbox"/>	New onset atrial fibrillation/flutter, uncontrolled chronic atrial fibrillation/flutter, sustained ventricular tachycardia, or recurrent SVT that does not terminate with treatment.
<input type="checkbox"/>	Post-operative patients with one of the following: angina, new EKG changes as determined by Cardiology, positive pre-operative stress test, systolic blood pressure less than 90, or heart rate greater than 130
<input type="checkbox"/>	Initiation of antiarrhythmic medications
<input type="checkbox"/>	Monitoring while adjusting antiarrhythmic medication
<input type="checkbox"/>	Drug toxicity with arrhythmia
<input type="checkbox"/>	Transcutaneous pacemaker

<input type="checkbox"/>	Acute Non-ST myocardial infarction, chest pain, rule out myocardial infarction, or unstable angina
<input type="checkbox"/>	Decompensated congestive heart failure
<input type="checkbox"/>	Syncope with normal physical exam, normal EKG, or previously normal echocardiogram
<input type="checkbox"/>	Post-operative patients with one of the following: previous history of coronary artery bypass graft(s) percutaneous coronary interventions(s), or valve repair/replacement.
<input type="checkbox"/>	Post-operative patients who are NPO and require intermittent IVP drugs for HTN, or rhythm control i.e. IV lopressor, vasotec, labetalol, cardizem ect.
<input type="checkbox"/>	Symptomatic bradycardia (heart rate less than 45) or symptomatic tachycardia (heart rate greater than 120)
<input type="checkbox"/>	Cardiac contusion
<input type="checkbox"/>	Major ischemic or hemorrhagic strokes (with potential for arrhythmia)
<input type="checkbox"/>	Step down from intensive care recent cardiac or respiratory arrest

<input type="checkbox"/>	Post coronary angiography, post ablation/cardioversion, or post defibrillator/pacemaker placement
<input type="checkbox"/>	Electrolyte abnormalities: Sodium < 120 or > 160 or abnormal with seizures or altered mental status, Potassium 2.5 or > 6 or abnormal level with dysrhythmia or muscular weakness. Magnesium < 1.1 or > 5 or abnormal level with hemodynamic compromise or dysrhythmia. Phosphorus < 1.5 or abnormal level with muscular weakness. Calcium < 6 or > 15 or abnormal level with altered mental status.

Other Diagnosis: (must be approved by **Department Chairperson or his designee**; must be renewed after 24hours)

<input type="checkbox"/>	Other (list here):
<input type="checkbox"/>	Justification for telemetry monitoring (list here):

Phone order taken by and read back by:	Date/Time:	
Transcriber's Signature:	Date/Time:	
Prescriber's Printed Name:	Noting Nurse's Signature:	Date/Time:
Prescriber's Signature:	Beeper Number/ID Number	Date/Time: