

# ESSENTIALS OF ECG & DYSRHYTHMIA MONITORING

## Getting to Know the Monitors on Your Unit

Understanding the ECG monitoring system in your unit is essential as you consider how to apply the content from this course. Take the opportunity to explore the equipment if you have not already done so. Your preceptor or charge nurse can help you if you have questions.

Find out:

- Are you using bedside or telemetry monitors?
- Where are the transport monitors kept which are used in your unit?
- Who is responsible for continuous surveillance of ECG monitors? (the equipment, monitor technicians, nurses?)
- What kinds of alarms does your system generate? (only HR? or rhythm changes too?)
- How is communication handled to let you know of rhythm problems or changes?
- How will you obtain a snapshot of the patient's ECG rhythm to analyze? (Print vs view on screen)
- How will you document the patient's ECG rhythm in the chart? (image/strip and your interpretation)
- What is the standard in your unit for the frequency you are required to document the patient's ECG rhythm in the chart?

Find out:

- What are the default "high" and "low" heart rate limits?
- Does your equipment and unit practice allow these to be modified based on a specific patient situation?
- Are there other alarms that can be modified or inactivated based on a specific patient situation?
- If you can modify, who do you need to collaborate with to do so? How do you communicate adjustments to others?
- Is ST segment monitoring available? Is there a protocol for its use?
- Does your equipment support QT interval monitoring, or is that a manual process with printed ECG rhythm strips in your unit?

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## Lead Selection for Continuous Monitoring

Many systems will initially display “learning” or an equivalent message on the screen, and then start labeling QRSs as “N” for normal – so we actually see it being able to differentiate waveforms. Once we see it is flagging them appropriately we know we have a good lead for the system to monitor.

- Lead II is commonly used for routine dysrhythmia monitoring and QT monitoring
- Lead I is used if you need to see atrial activity better than it is displaying in lead II (certain atrial dysrhythmias)
- Lead V<sub>1</sub> is used if you are concerned about PVCs and ventricular tachycardia
- ST segment monitoring requires you to know what part of the heart is/was ischemic or at risk – and you then choose to display the leads that will best show that

Some systems may default to display lead II and V<sub>1</sub> as they are commonly selected leads.