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Cardiac monitoring of adult cardiac patients in NSW public hospitals

Patient risk classification	Indication	Recommended monitoring duration	Requirements
GROUP A patients **Staff skill mix required:** responsible MO, or delegated senior nurse with advanced cardiac skills to support complex decision making	**Confirmed acute coronary syndrome**	• STEMI and NSTEMI: monitor for a minimum of 24 hours. ST segment monitoring is reasonable. • Clinically stable patients: cease monitoring after recommended period with written medical order. • ACS patients for inter-facility transfer: Group A skilled nurse if pain free >24 hours.	• Continuous cardiac monitoring OR direct visual observation until monitoring ceased (in extenuating circumstances). • ST or QTc segment monitoring recommended only where there are clear indications and no contraindications, supported by comprehensive training and alarm management. • Escort by staff with Group A skills. Resuscitation equipment appropriate to local facility and travel distance (including a manual or automated defibrillator) required for all internal and interfacility transfers. • Written medical order required to continue monitoring beyond recommended period. • End of recommended monitoring period: daily reassessment of clinical indications for continued monitoring (document in healthcare record).
	High-risk suspected ACS	• Monitor for a minimum of 24 hours (or until 2nd troponin negative). ST segment monitoring is reasonable. • Clinically stable patients: cease monitoring after recommended period with written medical order.	
	Pre-op cardiac surgery	• Critical left main disease: continue cardiac monitoring until successful coronary revascularisation occurs.	
	Post-op cardiac surgery	• Monitor for minimum of 48 hours.	
	Post cardiac arrest	• Monitor for min 24 hours (and until cause identified and treated).	
	Life-threatening arrhythmias, syncope of unknown origin, or implantable devices	• Monitor until reversible cause is identified and treated; cardiac symptoms are stabilised and/or device implanted and tested. • Clinically stable patients awaiting IPPM are Group B but must be monitored until device implanted. Monitoring required during temporary cardiac pacing, even if device implant not planned.	
	Pharmacotherapy	• Monitor during therapy. Duration determined by MO, based on type of drug, dose and timing. • Patients receiving inotropes to manage end-stage disease not included in Group A. Monitoring at discretion of MO (to be documented).	
	Cardiogenic shock, haemodynamic, or respiratory compromise	• Monitor during therapy.	
GROUP B patients **Staff skill mix required:** skilled delegate (e.g. CNC, CNS, CNE, NUM)	**Suspected intermediate risk NSTEACS**	• Monitor until 1st troponin result. • Discontinue if symptoms have resolved; initial ECG shows no ischaemic changes (including left bundle branch block); and initial troponin is negative.	• Continuous cardiac monitoring OR direct visual observation until monitoring ceased. • Clinically stable patients: cease monitoring after recommended period in consultation with registered nurse (see Group A competency requirements), unless written medical order to continue. • Medical staff to specify and document timeframe for additional monitoring, or stipulate clinical criteria for continued monitoring. If timeframe or criteria not documented, order will apply for 24 hours only.
	Arrhythmias	• Monitor until rhythm reversed or ventricular rate controlled.	
	Acute severe electrolyte imbalance	• Monitor until acute electrolyte imbalance is corrected and no related arrhythmias are present (except in patients with a chronic condition, guided by local protocols).	
	Post PCI, EPS and catheter ablation	• Monitor for min 4 hours post-procedure, or as per local policy. • Complications, arrhythmias, chest pain or haemodynamic compromise: monitor for up to 24 hours.	

1. **Purpose:** cardiac monitoring has no therapeutic value unless the supervising clinicians can recognise and manage cardiac abnormalities.
2. **Indication:** must be clearly documented. Cardiac monitoring in low-risk patients does not improve outcomes.
3. **Responsibility:** senior cardiac nurse allocates monitoring category if medical officer (MO) unavailable. MO assesses risk and reviews within 24 hours.
4. **Central monitoring:** should be used in clinical areas designated for continuous cardiac monitoring. All cardiac monitors should connect to the central monitor.
5. **Alarm parameters:** set as 'Between the Flags Yellow Zone' (if no local policy), unless Altered Calling Criteria are documented. Local protocols guide adjustment to alarm limits.
6. **Alarm response and review:** all nurses must review and respond to monitor alarms. Escalate to team leader if uncertain about a rhythm or alarm triggers.
7. **Rhythm strip documentation:** record and document rhythm strips, (including interpretation and actions) on admission, eight-hourly and following rhythm or haemodynamic changes.
8. **Daily reassessment:** of indication for monitoring, as per Group A by a MO or senior nurse or Group B by a skilled clinician (e.g. CNC, CNE, CNS, NUM).
9. **Interruptions to monitoring:** patients should be continuously monitored. Direct visual observation by skilled staff is required if interruption occurs until monitoring recommences.
10. **Staff skill mix:** clinical areas using cardiac monitoring need at least one nurse on duty at all times who meets competency requirements for escort.
11. **Appropriate facility:** if sites are unable to meet the requirement in the guide, patients should be transferred to a facility that can provide the level of care.
12. **Transfer:** cardiac monitoring (or direct visual observation) must be maintained by a clinician with the appropriate skill set during transfer.
13. **Competency assessment:** LHDs should determine the competency assessments required for each facility to ensure adequate staff skill mix.
14. **Patient risk classification:** Groups A and B classify monitored patients relating to their risk for life-threatening arrhythmias and staff skills required for safe nursing care and transfer.

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Scan the QR code to access the clinical practice guide: *Cardiac monitoring of adult cardiac patients in NSW public hospitals*

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