

All "pre-checked" orders will be enacted unless a specific order is written to the contrary. Any additional orders must be "checked" to activate.

***Patient's need for telemetry shall be evaluated every 24 hours per policy MS-10.**

- ☒ **Initiate Telemetry Monitoring**
- ☒ Charge Telemetry Monitoring
- ☒ EKG PRN, Place order when completed
- ☐ Telemetry may be temporarily suspended for patient to have MRI or to shower

***Select Criteria for Utilization of Telemetry by Checking a Box Below:**

- ☐ Chest pain, r/o MI
- ☐ Post Acute MI's
- ☐ Pre-and post-implantation of temporary/permanent pacemaker
- ☐ Pre-and post-cardioversion
- ☐ Arrhythmias
- ☐ Toxic drug levels
- ☐ Electrolyte imbalances
- ☐ Congestive heart failure
- ☐ Syncope
- ☐ Chest trauma

***If patient is a DNR, indicate telemetry treatment by choosing one of the following:**

- ☐ Treat Atrial Arrhythmias (If DNR)
- ☐ If DNR-Indicate Telemetry Treatment (specify): _____
- ☐ Notify Physician if VT greater than 8 beats
- ☐ Notify Physician if VT greater than 10 beats
- ☐ Notify Physician if VT greater than 12 beats
- ☐ Notify Physician for electrical cardiac pause greater than 2 seconds
- ☐ Notify Physician for electrical cardiac pause greater than 4 seconds
- ☐ Notify Physician for electrical cardiac pause greater than 6 seconds
- ☐ Notify Physician (specify): _____

Physician Signature

Date / Time

Wentworth-Douglass Hospital
PHYSICIAN ORDERS

TELEMETRY



PO0020

6024-05MR
Rev: 04/18/17

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