

Skill	Employee's initials upon completion
Demonstrates appropriate placement of electrocardiography (ECG) electrodes <ul style="list-style-type: none"> • Gently rub with gauze to remove dead skin cells • Cleanse skin with alcohol • Shave or clip hair to promote good skin contact 	
Reviews troubleshooting methods for poor ECG tracing <ul style="list-style-type: none"> • Change electrodes (recommended every 24-72 hours or when quality of tracing deteriorates) • Use of a stress loop to prevent pulling • Change leads viewed or increase ECG size • Obese patients—try placing electrodes closer to core body • Use relearn baseline rhythm feature on monitor • Initiate single-lead monitoring 	
Indicates appropriate leads for viewing on the bedside monitor <ul style="list-style-type: none"> • Leads II and V₁ for arrhythmia monitoring¹ 	
Verbalizes information to be placed in central monitor with new admission <ul style="list-style-type: none"> • Full name • History number 	
Verbalizes procedure for 12-lead ECG by Marquette bedside system <ul style="list-style-type: none"> • Print and transmit once per day if every day ECG ordered 	
Adjusts alarm limits/parameters and levels as appropriate for patient's condition <ul style="list-style-type: none"> • Within 2 hours of assuming care of the patient • 20 above/below baseline for mean arterial pressure and heart rate (both high and low) 	
Verbalizes when to change alarm parameter limits and arrhythmia alarm levels	
States action to be taken for the following types of monitor alarms: <ul style="list-style-type: none"> • Crisis: Alarm 3 beeps, flashes, history, prints <ul style="list-style-type: none"> ◦ Asystole, ventricular fibrillation/ventricular tachycardia, ventricular tachycardia > 2, ventricular bradycardia • Warning: Alarm 2 beeps, flashes, history, prints <ul style="list-style-type: none"> ◦ Heart rate • Advisory: One beep, flashes, history, no print <ul style="list-style-type: none"> ◦ Premature ventricular contractions, ST, arterial catheter, noninvasive blood pressure, oxygen saturation • Message: no alarm, flashes, no history or print <ul style="list-style-type: none"> ◦ Temperature, apnea, respiratory rate, bigeminy, couplet, R on T • Troubleshooting: Check patient, review alarms (check history as appropriate), reset alarm parameters limits and adjust as indicated for patient's condition 	
Monitoring of QT intervals (beginning of the QRS complex to the end of the T wave) ¹ Normal QT (varies with heart rate, about 0.40 sec in normal sinus rhythm) When to monitor: drugs that prolong QT interval such as haldol, dofetilide, quinidine, procainamide, tricyclic antidepressants, patients with prolonged QTc (>0.50 seconds); hypocalcemia.	
Demonstrates appropriate use of alarm pause (always clears "alarm pause" when leaving room)	
Transporting patient to procedure <ul style="list-style-type: none"> • Attach cord from transport monitor to bedside monitor before tram is removed 	
Demonstrates procedure for when patient has a pacemaker <ul style="list-style-type: none"> • Initiates pacemaker mode: Pace 2 (preferred) • Discusses alternative pacemaker electrode placement 	
Activates ST-segment monitoring <ul style="list-style-type: none"> • Use appropriate lead that best displays the "ST fingerprint." If ST fingerprint is not known in acute coronary syndrome (ACS), use leads III and V₃. For patients without ACS, V₅ is valuable in demand-related ischemia.¹³ • Not recommended in left bundle branch block or nonbiventricular pacer 	
Verbalizes procedure for carrying arrhythmia beeper <ul style="list-style-type: none"> • Upon receiving the beeper: Ensures presence of the speaker or vibrate symbol, the presence of the "on" indicator, paper present in the central monitor station • When alarm sounds: ensure that arrhythmia call was correct—look at patient, patient's history, implement any necessary emergency treatment, and notify the appropriate person of the change in the patient's condition (ie, patient's nurse, physician in medical intensive care unit). Provide nurse with rhythm strip if applicable. • When handing off the beeper: will read and clear any messages before passing the beeper to the next assigned person. A short report of any activity should occur at this time. 	