

PREPARING THE PATIENT FOR SUCCESSFUL ECG MONITORING



Pregelless silver/silver chloride electrodes are recommended. Using electrodes of dissimilar metals can prevent obtaining an ECG trace and can compromise recovery time after defibrillation.

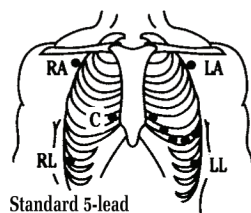
Select electrode sites on the patient.

Increased muscle artifact due to patient movement greatly affects telemetry monitoring. Place electrodes in flat areas; avoid fatty or bony areas and avoid major muscles.

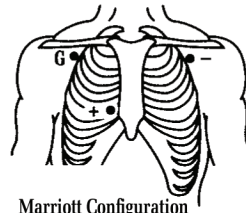
Suggested Lead placement.

Lead preparation and placement should be carefully verified. The optimal lead should be selected for the patient's acuity/disease process.

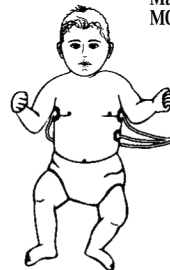
RA	White	Place near right mid-clavicular line directly below the clavicle.
LL	Red	Place near 7th intercostal space in line with or lateral to the midpoint of the left clavicle.
LA	Black	Place near left mid-clavicular line directly below the clavicle.
RL	Green	Place near 7th intercostal space in line with or lateral to the midpoint of the right clavicle.
C	Brown	Place in the intercostal space equivalent to the V1, V2, V3, V4, V5 or V6 position you want to monitor.



Standard 5-lead
Configuration



Marriott Configuration
MCL 1.



Neonate 3-lead Configuration

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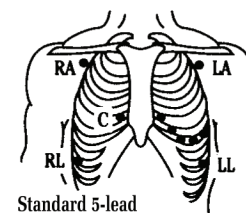
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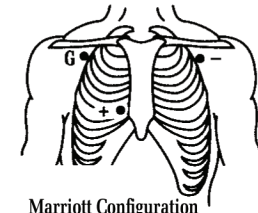
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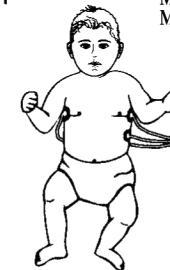
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Neonate 3-lead Configuration

Prepare electrode sites.

Shave or clip hair from electrode sites.

The ECG cable, and electrodes should be checked for damage on a regular basis and replaced as necessary.

Electrodes should be replaced when they become wet or no longer adhere well to the skin. Consult hospital policy regarding standards for electrode replacement.

In areas where electrodes will be attached, thoroughly clean skin and lightly rub dry. You may use soap and water, isopropyl alcohol or special skin preparation pads.

To avoid allergic reactions to electrodes, refer to the electrode manufacturer's directions.

Attach lead wires to electrodes.

Apply the electrodes to the patient in either the Standard Configuration (3 or 5 lead) or the Marriott Configuration.

To minimize motion artifact, make a small stress loop in each lead wire, and tape the loop to the patient's skin (especially important for telemetry patients).

NOTE: If an electrosurgical unit is going to be used, place the ECG cable and lead wires so that interference will be minimal.

Monitoring Tips.

The LA lead wire can be the Micropaq's® antenna. Avoid overlapping lead wires in their routing to the Micropaq®: spread wires, and don't coil or bundle them. Be sure lead wires are tightly screwed into the Micropaq®.

If the QRS complex is not twice the amplitude (height) of the P and T waves, a different monitoring lead should be selected for monitoring in the ECG 1 channel. Tall P and T waves may be incorrectly classified as a QRS complex, a PVC (if applicable) and/or may generate a high heart rate or other alarm condition.

If biphasic QRS complexes appear, a different monitoring lead should be selected.

Using a belt or pocket, secure the Micropaq® to the patient.

Carefully place the Micropaq® to avoid bruising or other skin injuries. A location just below the rib cage might be most comfortable.

Set Alarms.

At the Acuity® Central Station, set alarm limits using the Alarms Setup Window.

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