

Guidelines for IV Administration of Drugs that require Cardiac Monitoring

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Purpose

To ensure Cardiac Monitoring will occur as per best practice guidelines

Scope

Medical officers, Nurses/Midwives/Other persons approved in IV medication management.

Exceptions to the below guidelines can only be made by the Medical Officer prescribing the medications. See 1.4

Definitions

Cardiac Monitoring

The patient is connected via electrodes directly to a cardiac monitor or telemetry unit which provides a single channel ECG tracing.

Delete if not needed. List the role titles and responsibilities, if relevant to this policy.

Associated documents

- [Notes on Injectable Drugs](#) 6th edition 2010

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- [Cardiology IV Medications & IV Infusion Protocols](#), 3rd Issue, 2014

Cardiac Monitoring requirements

- The decision for cardiac monitoring is a medical decision.
- The patient on cardiac monitoring should be continuously observed for changes in rate or rhythm by staff trained at interpreting ECG tracings.
- The medical officer must document specific instructions on the dosing procedures and nursing observations that must be followed for cardiac monitoring.
- In areas where the patient on cardiac monitoring cannot be continuously observed or the staff do not have the required training on ECG analysis, one of the following options is required in consultation with the prescriber and Duty Nurse Manager/Nurse in Charge.
- A Registered Nurse Special trained in ECG analysis is provided for the patient for the duration of the IV therapy.
- The patient is transferred to an appropriate unit where centralised cardiac monitoring can occur by trained staff e.g. AAU, CCU etc.

Intravenous Medications that require cardiac monitoring include (not an exclusive list refer to other resources as listed above):

- Adenosine
- Adrenaline
- Amiodarone Hydrochloride
- Digoxin
- Disopyramide Phosphate
- Dobutamine Hydrochloride
- Dopamine
- Dopexamine Hydrochloride
- Ephedrine Sulphate
- Flecainide Acetate
- Glycerol Trinitrate
- Hydralazine Hydrochloride
- Isoprenaline Hydrochloride
- Levosimendan
- Lignocaine Hydrochloride
- Mexiletine Hydrochloride
- Milrinone Lactate

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- Noradrenaline
- Phenytoin Sodium
- Beta-blockers
- Verapamil Hydrochloride

Medical Criteria - Mandatory Monitoring

Mandatory monitoring is required when a patient is admitted to CCU, ICU, CICU, or the Acute Admitting Unit (in Ashburton) when antiarrhythmic drugs are given intravenously for recent or current cardiac instability e.g. ventricular tachycardia, ventricular fibrillation, or any other rhythm producing haemodynamic compromise.

Medical Criteria for No Cardiac monitoring

If patient circumstances or medication administration practices warrant that cardiac monitoring is not necessary, e.g. IV digoxin loaded very slowly, the Medical Officer must

- Document in the clinical notes that “Cardiac monitoring is not necessary”.
- Document specific instructions on the dosing procedures and nursing observations that must be followed.

When in doubt, consult with patient’s Registrar or Specialist/Specialist on call after hours.

Measurement/Evaluation

Incident management system

Canterbury and West Coast IV Link Clinical Practice Observation programme

References

McClintock AD, Kendall PD, Woods DJ, McRae GD, Chalmers GC, Orange AF, et al, editors. Notes on Injectable Drugs. 5th Edition. Wellington: New Zealand Healthcare Pharmacists’ Association (Inc.); 2004.

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