

## QUESTION

When a patient is admitted on telemetry they do not always have a cardiology consult. However, all of our telemetry patients are placed on our tele protocol which allows for standing orders for medication administration for rhythm disturbances (ie, atropine). Our neurologist would prefer not to sign off standing orders for tele protocol. I am wondering if other hospitals are running into this concern or if hospitals do not have standing orders for patients on telemetry.

## RESPONSES

- We have patients on telemetry but the RNs cannot treat the patient, just identify the rhythm and transfer to intermediate or progressive care- or ICU for advanced cases. Tele is just monitoring, similar to VSs at our facility and doesn't include treatment guidelines.
- We do not have telemetry standing orders anymore. Not for medication administration.
- There is no need for a cardiology consult with telemetry unless there is a problem. Cardiology doesn't want to see someone in NSR.
- Most of our stroke patients are admitted to a hospitalist/FP/internal med MD with a Neuro consult. If they are on tele the standing tele orders are signed off by the hospitalist/FP/internal med MD.
- For all stroke patients, they are placed on telemetry for 24 hours and then it is automatically d/c unless there are any arrhythmias or further indications for it. Our neurologist oked this as an automatic order on our stroke standing orders. If you want a copy of our stroke standing orders, I can send.
- We do not have standing orders/protocols when patients are admitted to tele.
- *Our stroke patients do not have a cardiology consult unless they have a need for cardiology- not based on whether telemetry is ordered. We are basically looking for rhythm issues that would cause stroke- not issues to treat. If you go back to the guidelines, tele is for diagnosis not treatment (unless needed!). Keep it simple. Get cardiology involved if a TEE is ordered, etc.*
- We don't put all stroke pt's on telemetry unless they have A. Fib or suspect A. fib, nor do we use a standard telemetry protocol for

antiarrhythmic. If the pt. needed to be managed for A. Fib or placed on antiarrhythmic, it warrants a cardiology consult. We do address BP on our stroke admission orders, this doesn't require cardiology.

- Our institution does not have a telemetry order set. We have a chest pain and CHF order set only.

We have admission orders for TIA/CVA . They are signed off by the attending service not neurology. Within the order set is a consult for Stroke neurology. This is a mandatory field. Cardiology consult is not part of this order set. The attending makes the decision. It has not been an issue.

- **We do not have standing orders for our tele patients**
- **All of stroke patients are placed on telemetry (we use central telemetry) with standing telemetry orders. Any patient that would require intervention would have a cardiologist on consult and a transfer to PCU or CC.**
- I asked one of our neurologists here and he has no problem signing telemetry orders we have the same type of protocol as you, I would imagine. However, the neurologist is very rarely the attending physician in our hospital.