

# Review of inadequate monitoring in the Emergency Room. Key results that matter

L.Fernández (Head  
Emergency Department)

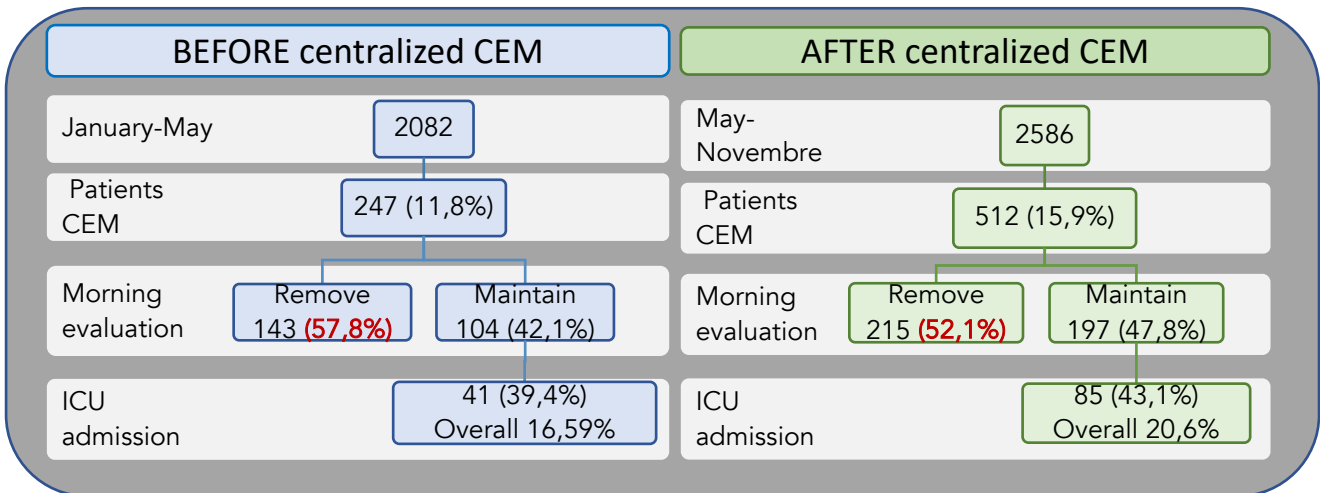
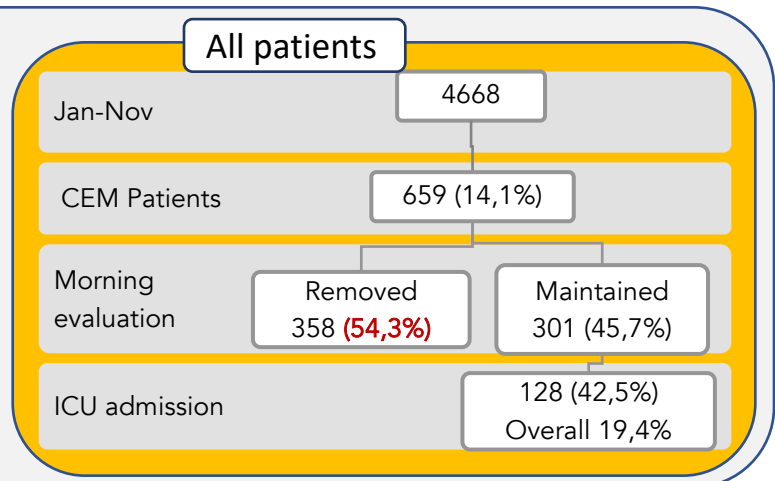
V. García (ED Nurse),  
H.Vallverdú (Surgical  
Head), R.Morral  
(Assistential Director),  
M.Subirana ( Nurse Head)  
P.Soley (Hospital Manager)

hvallverdu@chv.cat

**CONTEXT AND AIMS:** There is a shortage of scientific evidence on the criteria of **continuum electrocardiographic monitoring (CEM)** outside intensive care units (ICU). We applied our protocol based on practice standards for electrocardiographic monitoring in hospital settings by American Heart Association (AHA) scientific statement.<sup>(1,2)</sup>

**METHOD and FINDINGS:** We did a daily review at 8:AM, from Monday to Friday between January and November 2019, of all patients with CEM in the Emergency Room (ER) to confirm the adequacy or remove CEM. We also registered patients who required ICU transfer. In May, we implemented a **centralized** CEM system and reviewed monitoring changes.

There were no statistical differences after centralized CEM system



**INNOVATIVE CONTRIBUTION TO POLICY, PRACTICE AND/OR RESEARCH:** In our series, **more than 50%** of patients did not require CEM after revision. No significant differences were found after the centralized CEM system. A reviewing protocol is necessary. Sometimes, professionals may neglect to remove CEM when a patient does no longer meet the criteria. Poorly use contributes to work saturation, more tests and more resource consumption in the ER. Monitored patients may be at risk when an initial assessment is consistent with CEM; however, it is safe to remove the CEM based on their clinical evolution.

1.Sandau KE, et al. Update to Practice Standards for Electrocardiographic Monitoring in Hospital Settings: A Scientific Statement From the American Heart Association. *Circulation*. 2017  
2. Drew BJ, Funk M. Practice standards for ECG monitoring in hospital settings: executive summary and guide for implementation. *Crit Care Nurs Clin North Am*. 2006 Jun;18(2):157-68, ix.