



## Medical Advisory

MA-2023-01

### Discontinuation of Cardiac Monitoring in the ED

**For:** Paramedics certified by the RPPEO

**Issue date:** January 23, 2023

**Effective date:** January 23, 2023 until rescinded

#### Key message

Paramedics may discontinue cardiac monitoring on patients in the ED offload waiting area when it is no longer clinically warranted.

When cardiac monitors are scarce, paramedics should determine the clinical necessity of cardiac monitoring for patients who are waiting in an ED offload area and may discontinue monitoring in those patients for whom it is no longer clinically indicated.

When the availability of monitors is less than the demand, paramedics should provide cardiac monitoring to those patients in the ED offload waiting area with the greatest need.

#### Procedure

To discontinue monitoring, paramedics should:

1. **Determine clinical necessity:** In every case, a paramedic who is considering the discontinuation of cardiac monitoring for a patient shall consider the clinical necessity of continued monitoring.

A paramedic may conclude that ongoing cardiac monitoring is not clinically necessary when ALL the following conditions are observed. The patient

- a. has stable vital signs that are within normal range for the patient;
- b. shows no signs of respiratory distress;
- c. does not have an IV in place or, if an IV is place it is TKVO only;
- d. has shown no electrical cardiac activity that is abnormal or inconsistent with their previous medical history (arrhythmia);
- e. has at no point in the incident history or in the presence of the paramedic complained of chest pain suspected to be cardiac in origin;
- f. has at no point in the incident history or in the presence of the paramedic experienced any loss of consciousness or palpitations;
- g. has at no point in the incident history or in the presence of the paramedic experienced a suspected transient ischemic attack (TIA) or cardio-vascular accident (CVA);
- h. is neither confirmed nor suspected in the incident history of ingesting drugs, medications, or other substances that may lead to toxicity.

Paramedics who determine that cardiac monitoring within the scope of this guidance is no longer clinically necessary may discontinue monitoring.

2. **Resource demand greater than supply:** In the case where there are insufficient cardiac monitors in the ED offload waiting area and paramedics cannot acquire a monitor from one of the other patients in proximity because no patient is appropriate for discontinued monitoring, paramedics may discontinue cardiac monitoring in the patient(s) who is (are) most stable and best match the conditions described in (1) above to use the monitor for another less stable patient in proximity.
3. **Ongoing assessment:** Following discontinuation of cardiac monitoring, paramedics who continue to provide care to the patient shall provide appropriate reassessment of the patient as indicated by Patient Care Standards until care is formally transferred to the ED staff. Reassessment

includes measurement of vital signs at intervals appropriate to the patient's condition.

4. **Resume cardiac monitoring:** Paramedics may at any time resume cardiac monitoring for a patient awaiting transfer to ED staff when such a patient exhibits signs or symptoms suggestive of potential cardiac involvement, as described in the Patient Care Standards, or at any other time paramedics deem appropriate.
5. **Consult BHP:** Paramedics may at their discretion contact an RPPEO Base Hospital Physician (BHP) for consultation on cardiac monitoring and its discontinuation in the ED offload waiting area.

## Background

The cardiac monitor is an important resource that may also be in short supply in the Emergency Department (ED) offload waiting area. Paramedics have a shared responsibility to manage scarce resources judiciously and fairly.

The BLS PCS identifies cardiac monitoring as a necessary assessment method for certain patients. However, many patients who have had cardiac monitoring will not require it on a continued or ongoing basis.



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