

Implementing a Nurse-Driven Protocol to Discontinue Telemetry Monitoring: An Integrative Review

Suburban Hospital Evidence Based Practice and Nursing Research Council

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INTRODUCTION: Unnecessary telemetry monitoring leads to increases in alarms, discomfort for patients, and a lack of available telemetry beds. Previous quality improvement work at Suburban Hospital (SH) has shown nurse-driven protocols as one potential solution, however the safety and efficacy of protocols for telemetry discontinuation is unknown.

PRACTICE QUESTION: In adult inpatients, does a nurse-driven protocol to discontinue telemetry affect alarms, length of stay, or duration of time on telemetry without increasing adverse safety events?

METHODS:

- Databases searched: CINAHL, Cochrane, Web of Sciences, SCOPUS and PubMed.
- Articles were screened by two reviewers using the Covidence platform.
- Exclusion criteria: >10 years old, non-English language, conference presentation/abstract, or study located in pediatric, outpatient OB/GYN, ICU, or ED setting
- Relevant articles were appraised by the Council using the Johns Hopkins Evidence Based Practice Model appraisal tools.

RESULTS: Of 349 articles extracted from the search, only three Level V, quality improvement, articles were identified as relevant to the practice question.

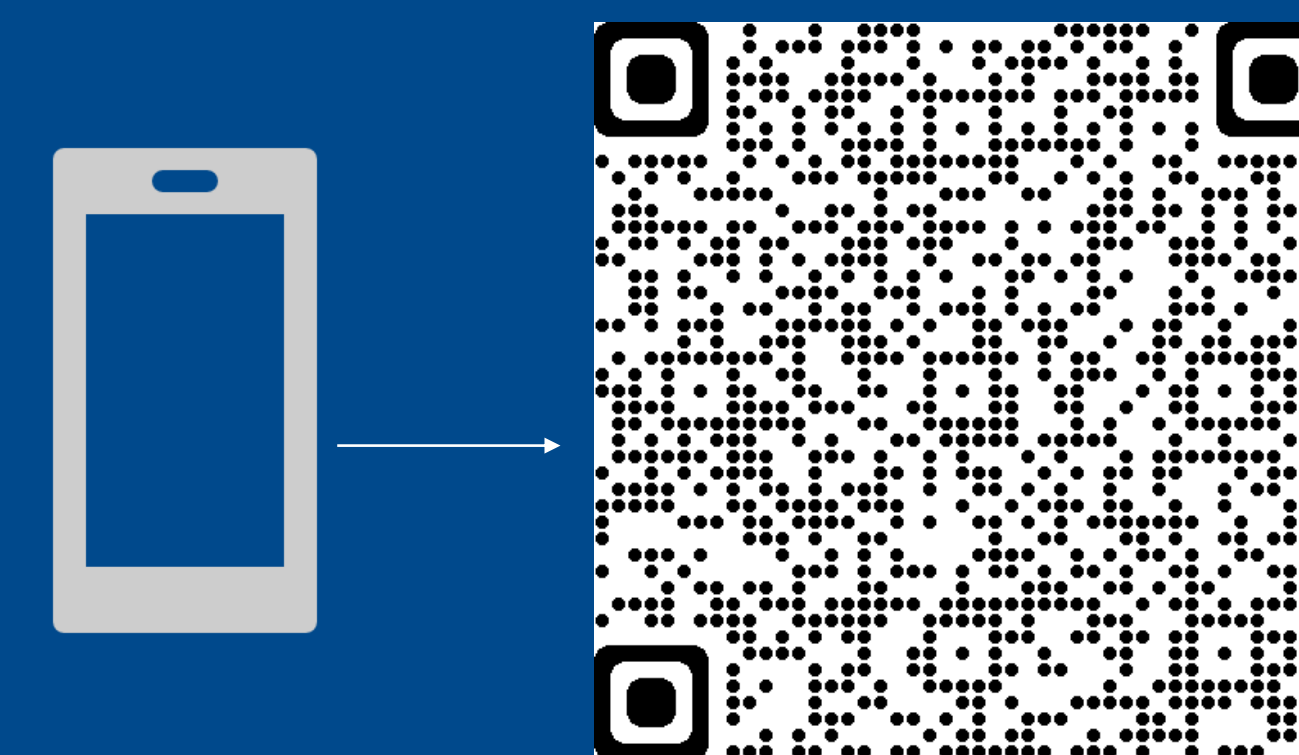
BEST-EVIDENCE RECOMMENDATIONS:

- Lack of quality evidence to support a nurse-driven telemetry discontinuation protocol.
- All three studies recommend use of a nurse-physician partnership to discontinue telemetry orders.
- Available evidence does support using the AHA Electrocardiogram Monitoring Practice Standards in hospital settings to determine appropriate use of telemetry.

TRANSLATION:

- Pilot a nurse-physician collaborative telemetry discontinuation protocol on a thirty-bed inpatient telemetry unit
- High feasibility – uses current nurse physician interdisciplinary rounding workflow
- Low risk – continues current policy that physicians discontinue telemetry orders
- Goals – decrease unnecessary telemetry time, improve patient throughput, and decrease alarms

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References available upon request



PRISMA Flow Diagram Identification of Records

