This policy provides advice on the use of cardiac monitoring for adult patients with a primary cardiac diagnosis regardless of the clinical area in which they are managed. It is the admitting Medical Officer’s responsibility to identify Group A patients. Cardiac monitoring must not be used to replace careful observation of the patient. Patients who require cardiac monitoring must be regularly assessed and direct visual observation must be maintained by nursing staff proficient in ECG interpretation and patient assessment skills.

**Monitoring Duration**

- **Non-ST Elevation ACS**
  - **Interim Risk:** Staff in specialty areas such as Emergency Departments and Intensive Care Units should refer to their own local guidelines for monitoring of other medical or surgical conditions.
  - **High Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **Emergency Risk:** Monitor until reversible cause is rectified, device implanted (and satisfactorily tested) or until medical therapy has stabilised cardiac symptoms.
  - **Post Percutaneous Coronary Intervention (PCI):** Monitor until defibrillation therapy has stabilised cardiac symptoms.
  - **Post Catheter Ablation & EPS:** Monitor for 4 hours or as per unit specific Protocol established.
  - **Pharmacotherapy:** Continue monitoring until patient has a coronary revascularisation procedure. Reassess and document the need for monitoring daily.

**Principles**

- Cardiac monitoring must not be used to replace careful observation of the patient.
- Staff in specialty areas such as Emergency Departments and Intensive Care Units should refer to their own local guidelines for monitoring of other medical or surgical conditions.
- Patients who require cardiac monitoring must be regularly assessed and direct visual observation must be maintained by nursing staff proficient in ECG interpretation and patient assessment skills.

**Indications for Monitoring**

- **Acute Coronary Syndromes (ACS):**
  - Non-ST Elevation ACS
  - ST Elevation Myocardial Infarction (STEMI) includes NSTEMI
  - Acute Severe Electrolyte Imbalance
  - Arrhythmias
  - Atrial Fibrillation or other supraventricular arrhythmias with haemodynamic compromise
  - Post Pericardial Effusion
  - Post Coronary Artery Surgery
  - Post Catheter Ablation & EPS
  - Post Percutaneous Coronary Intervention (PCI)
  - Post Cardiac Arrest
  - Post Cardiac Surgery
  - Post Catheter Ablation & EPS

**Monitoring Duration**

- **Acute Coronary Syndromes (ACS):**
  - **Interim Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **High Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **Emergency Risk:** Monitor until reversible cause is rectified, device implanted (and satisfactorily tested) or until medical therapy has stabilised cardiac symptoms.
  - **Post Percutaneous Coronary Intervention (PCI):** Monitor until defibrillation therapy has stabilised cardiac symptoms.
  - **Post Catheter Ablation & EPS:** Monitor for 4 hours or as per unit specific Protocol established.
  - **Pharmacotherapy:** Continue monitoring until patient has a coronary revascularisation procedure. Reassess and document the need for monitoring daily.

**Other Indications for Cardiac Monitoring**

- **Infection**: Patients with a systemic inflammatory response syndrome (SIRS) and/or intra-aortic balloon pumping (IABP) 
  - Continue monitoring until patient has a coronary revascularisation procedure. Reassess and document the need for monitoring daily.
- **Hypothermia**: Patients who require cardiac monitoring must be regularly assessed and direct visual observation must be maintained by nursing staff proficient in ECG interpretation and patient assessment skills.

**When is Cardiac Monitoring NOT Required**

- **Post Cardiac Surgery**
  - Monitor for a minimum of 48 hours. Reassess and document the need for monitoring daily.
- **Post Catheter Ablation & EPS**
  - Continue monitoring until patient has a coronary revascularisation procedure. Reassess and document the need for monitoring daily.
- **Post Percutaneous Coronary Intervention (PCI)**
  - Continue monitoring during course of therapy.
- **Hypothermia**: Monitor for a minimum of 48 hours. Reassess and document the need for monitoring daily.
- **Infection**: Continue monitoring in the course of therapy.

**Indications for Monitoring**

- **Acute Coronary Syndromes (ACS):**
  - **Interim Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **High Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **Emergency Risk:** Monitor until reversible cause is rectified, device implanted (and satisfactorily tested) or until medical therapy has stabilised cardiac symptoms.
  - **Post Percutaneous Coronary Intervention (PCI):** Monitor until defibrillation therapy has stabilised cardiac symptoms.
  - **Post Catheter Ablation & EPS:** Monitor for 4 hours or as per unit specific Protocol established.
  - **Pharmacotherapy:** Continue monitoring until patient has a coronary revascularisation procedure. Reassess and document the need for monitoring daily.

**Monitoring Duration**

- **Acute Coronary Syndromes (ACS):**
  - **Interim Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **High Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **Emergency Risk:** Monitor until reversible cause is rectified, device implanted (and satisfactorily tested) or until medical therapy has stabilised cardiac symptoms.
  - **Post Percutaneous Coronary Intervention (PCI):** Monitor until defibrillation therapy has stabilised cardiac symptoms.
  - **Post Catheter Ablation & EPS:** Monitor for 4 hours or as per unit specific Protocol established.
  - **Pharmacotherapy:** Continue monitoring until patient has a coronary revascularisation procedure. Reassess and document the need for monitoring daily.

**Other Indications for Cardiac Monitoring**

- **Infection**: Patients with a systemic inflammatory response syndrome (SIRS) and/or intra-aortic balloon pumping (IABP) 
  - Continue monitoring until patient has a coronary revascularisation procedure. Reassess and document the need for monitoring daily.
- **Hypothermia**: Patients who require cardiac monitoring must be regularly assessed and direct visual observation must be maintained by nursing staff proficient in ECG interpretation and patient assessment skills.

**When is Cardiac Monitoring NOT Required**

- **Post Cardiac Surgery**
  - Monitor for a minimum of 48 hours. Reassess and document the need for monitoring daily.
- **Post Catheter Ablation & EPS**
  - Continue monitoring during course of therapy.
- **Hypothermia**: Monitor for a minimum of 48 hours. Reassess and document the need for monitoring daily.
- **Infection**: Continue monitoring in the course of therapy.

**Indications for Monitoring**

- **Acute Coronary Syndromes (ACS):**
  - **Interim Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **High Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **Emergency Risk:** Monitor until reversible cause is rectified, device implanted (and satisfactorily tested) or until medical therapy has stabilised cardiac symptoms.
  - **Post Percutaneous Coronary Intervention (PCI):** Monitor until defibrillation therapy has stabilised cardiac symptoms.
  - **Post Catheter Ablation & EPS:** Monitor for 4 hours or as per unit specific Protocol established.
  - **Pharmacotherapy:** Continue monitoring until patient has a coronary revascularisation procedure. Reassess and document the need for monitoring daily.

**Monitoring Duration**

- **Acute Coronary Syndromes (ACS):**
  - **Interim Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **High Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **Emergency Risk:** Monitor until reversible cause is rectified, device implanted (and satisfactorily tested) or until medical therapy has stabilised cardiac symptoms.
  - **Post Percutaneous Coronary Intervention (PCI):** Monitor until defibrillation therapy has stabilised cardiac symptoms.
  - **Post Catheter Ablation & EPS:** Monitor for 4 hours or as per unit specific Protocol established.
  - **Pharmacotherapy:** Continue monitoring until patient has a coronary revascularisation procedure. Reassess and document the need for monitoring daily.

**Other Indications for Cardiac Monitoring**

- **Infection**: Patients with a systemic inflammatory response syndrome (SIRS) and/or intra-aortic balloon pumping (IABP) 
  - Continue monitoring until patient has a coronary revascularisation procedure. Reassess and document the need for monitoring daily.
- **Hypothermia**: Patients who require cardiac monitoring must be regularly assessed and direct visual observation must be maintained by nursing staff proficient in ECG interpretation and patient assessment skills.

**When is Cardiac Monitoring NOT Required**

- **Post Cardiac Surgery**
  - Monitor for a minimum of 48 hours. Reassess and document the need for monitoring daily.
- **Post Catheter Ablation & EPS**
  - Continue monitoring during course of therapy.
- **Hypothermia**: Monitor for a minimum of 48 hours. Reassess and document the need for monitoring daily.
- **Infection**: Continue monitoring in the course of therapy.

**Indications for Monitoring**

- **Acute Coronary Syndromes (ACS):**
  - **Interim Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **High Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **Emergency Risk:** Monitor until reversible cause is rectified, device implanted (and satisfactorily tested) or until medical therapy has stabilised cardiac symptoms.
  - **Post Percutaneous Coronary Intervention (PCI):** Monitor until defibrillation therapy has stabilised cardiac symptoms.
  - **Post Catheter Ablation & EPS:** Monitor for 4 hours or as per unit specific Protocol established.
  - **Pharmacotherapy:** Continue monitoring until patient has a coronary revascularisation procedure. Reassess and document the need for monitoring daily.

**Monitoring Duration**

- **Acute Coronary Syndromes (ACS):**
  - **Interim Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **High Risk:** Monitor until haemodynamically stable following reversion of rhythm or control of arrhythmias present.
  - **Emergency Risk:** Monitor until reversible cause is rectified, device implanted (and satisfactorily tested) or until medical therapy has stabilised cardiac symptoms.
  - **Post Percutaneous Coronary Intervention (PCI):** Monitor until defibrillation therapy has stabilised cardiac symptoms.
  - **Post Catheter Ablation & EPS:** Monitor for 4 hours or as per unit specific Protocol established.
  - **Pharmacotherapy:** Continue monitoring until patient has a coronary revascularisation procedure. Reassess and document the need for monitoring daily.