

This packet includes:

Standard of Care and Telemetry Management

- Audience: RNs, LPNs, PCTs
- NCDV_Tele.SOC_Rounding_Packet_Final 5.14.25
- Healthstream Activity Completion QR Code: NCDV Standards of Care and Telemetry_Educator Led Rounding



Clickable QR Code


Adult Inpatient Standard of Care: Cardiac Alarm Parameter Management ICU/Critical Care Areas Only

- The **Registered Nurse** may adjust bedside cardiac monitoring alarm parameters from established default settings on a **limited, patient-specific basis**.
- Adjustments must be:
 - Based on the **patient's clinical condition**
- Modifications should:
 - Support **timely recognition of clinically significant changes**
 - Minimize **non-actionable alarms**
- **Alarms should not be disabled**
 - All monitoring alarms must remain activated and audible at all times
- **NOTIFY THE PROVIDER OF CLINICAL CONDITION CHANGES**

Keep All Alarms Audible

Alarm Parameter Management for patients in Central Monitoring Unit (CMU) monitored areas (non-critical care)

- RN-initiated alarm parameter adjustments are **NOT PERMITTED**.
- Adjustments from default settings:
 - May occur only under the direction of a licensed provider order
 - Must be clinically appropriate to the patient’s condition
 - Must be documented per organizational policy
 - Notify Central Monitoring Unit (CMU) of any order changes

	NOTE
The Tele Alarm Control Settings order is intended for ad hoc use only and should be entered on a case-by-case basis as clinically indicated.	

Please refer to the image below. The **Comments** field is required.

Future State

▼ Details for **Tele Alarm Control Settings**

Details | Order Comments

*Requested Start Date/Time: 04/28/2026 1249 EDT Priority: Routine

*Comments:

Enterprise Standard Heart Rate Parameter is 45-150 bpm

Keep the Alarm Activated and Audible

Oral Care for Vented Patients

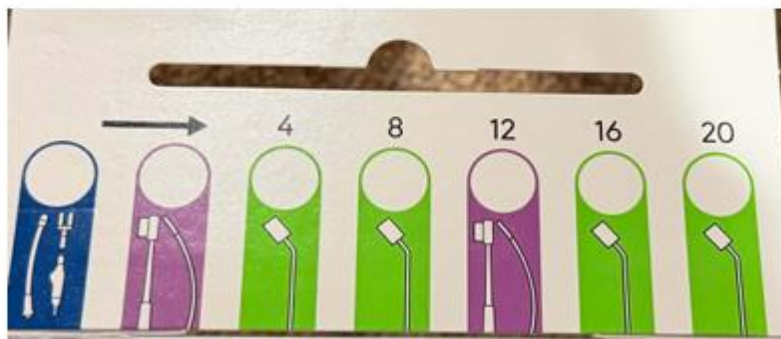
All intubated patients on mechanical ventilation are at high risk for ventilator associated pneumonia (VAP)

Follow these VAP Prevention Strategies for care of every intubated patient:



- Perform thorough Hand Hygiene and don gloves prior to **any** manipulation of the Endotracheal Tube (ETT) (suction, etc.)
- Ensure that ETT remains secured with facility specific securement device at all times
- Maintain patient HOB > 30° at all times (as tolerated)
- Turn patient side-side Q2H and PRN (“**auto rotation**” does not count as a “Turn”)
- Use facility specific oral care kits **AS DIRECTED**. Do not **skip** treatments!
 - High-Quality Oral Care is **CRITICAL** in the prevention of VAP!!
 - Date, Time, and Initial **every** care kit for tracking proper use.
- Change the suction set-up Q24 and PRN (canisters and connections)
 - **NOT** the in-line (closed) suction catheters, (follow facility guidelines for this)
- Collaborate with RT for spontaneous awakening trial / spontaneous breathing trial (SAT/SBT) a minimum of daily (and frequently reassess readiness to participate throughout your shift)
 - **EARLY** extubation is critical for prevention of VAP!
- DOCUMENT, DOCUMENT, DOCUMENT!!!

**See back for
further details**

Facility approved 24H Oral care kits are designed to be used at regular intervals over 24H as directed!



Adult Inpatient Standard of Care Guidelines: ICU Units

Vital Signs: 12 x a shift	Oral Care	CHG Bath	Tele Parameters
<p>To include:</p> <ul style="list-style-type: none"> Heart Rate/Cardiac Rhythm Blood Pressure Respiratory Rate SpO2 Temperature at least once every 4 hours. 	<p>Every 4 hours</p> 	<p>Daily</p> 	<p>Can be adjusted at the bedside/unit monitor in ICU areas only.</p> <p>If the patient is bedded in a Med-Surg or Progressive Care/Stepdown unit, an order is required to make changes.</p>

Knowledge Check ICU

- **Vital Signs**

- “How often are vital signs obtained for ICU patients during a shift?”
- “What components must be included every time vital signs are documented in the ICU?”

- **Oral Care & Hygiene**

- “How frequently is oral care performed for ICU patients?”
- “What is the standard practice for CHG bathing in the ICU?”

- **Telemetry Parameters**

- “In the ICU, when are nurses allowed to adjust telemetry parameters at the bedside?”
- “How does this differ if the patient is physically located in Med/Surg or PCU?”

- **Oral Care for Vented Patients – Rounding Questions**

- “Why are all intubated patients considered high risk for ventilator-associated pneumonia?”

- **Pre-Care Safety**

- “What must be done **before any manipulation of the ETT**, including suctioning or oral care?”
- “What is the minimum head-of-bed elevation recommended for vented patients?”

- **Oral Care Process**

- “How often should oral care be performed for ventilated patients?”
- “What does it mean to use the **24-hour oral care kit as directed**?”
- “Why is it important not to skip any steps in the oral care protocol?”

- **Turning & Equipment**

- “How often should vented patients be turned, and why doesn’t auto-rotation count?”
- “Which suction components are changed every 24 hours, and which are not?”

- **Team Collaboration & Documentation**

- “How does working with RT support SAT/SBT and early extubation?”
- “Where do you document oral care to reflect compliance with VAP prevention standards?”

Med/Surg and PCU Standards of Care

Med/Surg	PCU/ Step Down
<p>Vital Signs Twice per shift (Q6 hours)</p>	<p>Vital Signs Three times per shift (Q4 hours)</p>
<p>Telemetry Alarm Parameters: May <u>not</u> be adjusted at the bedside by the RN. Adjustments require a provider order and a call to CMU.</p>	<p>Telemetry Alarm Parameters: May <u>not</u> be adjusted at the bedside by the RN. Adjustments require a provider order and a call to CMU.</p>

A complete set of vital signs include temperature, respirations, heart rate, blood pressure, and oxygen saturation. It should also include additional details such as temperature method, how HR was obtained, which arm BP was taken on and the size of the cuff, O2 delivery device and amount of O2 they are on.



98.6
37
Oral
85
Pulse Oxime...
16
120/80
93
Mechanical
Upper arm, I...
Lying
Adult
95
NC .01-5 LPM
2

Adult Inpatient Standard Of Care



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Knowledge Check Med/Surg and PCU

- **Vital Signs – Knowledge & Application**

- “How often are vital signs expected for **Med/Surg** patients?”
- “How does the vital sign frequency change when a patient is in **PCU/Step-Down**?”
- “How do you confirm the correct vital sign frequency for your patient’s **level of care**?”

- **Complete Set of Vital Signs**

- “What elements are required for a **complete set of vital signs**?”
- “What additional details should be included with vital sign documentation to ensure accuracy?”
- *(Prompt if needed: BP cuff size/location, temp method, HR source, O₂ device and flow)*

- **Documentation & Safety**

- “Where in the chart do you verify that all required components of a complete vital sign set are documented?”
- “What risks can occur if parts of a complete set of vital signs are missing or unclear?”

- **Telemetry Alarm Parameters**

- “Are RNs allowed to adjust telemetry alarm parameters at the bedside on Med/Surg or PCU?”
- “If telemetry parameters need to be changed, what is the **correct process**?”
- “Why is it important that telemetry changes require both a provider order and a call to CMU?”