

Centre for Prehospital Care (CPC)  
**STANDARDS**

**CATEGORY:** Program Specific

**REVIEW DATE:** October 17, 2024

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**REVISION DATE:**

**TITLE:** Discontinuing Cardiac Monitor Use

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<b>Document Owner:</b> Regional Manager	<b>Name:</b> Nicole Sykes
<b>Update Schedule:</b> Annually	
<b>Stakeholder Consultation and Review:</b> Centre for Prehospital Care Quality of Care Committee Centre for Prehospital Care Program Committee	<b>Date:</b> March 19, 2025  April 11, 2023
<b>Approval:</b> Nicole Sykes, Chair, CPC Program Council Electronic Signature	<b>Date:</b> February 26, 2025

**PURPOSE**

To provide guidance for when a paramedic may discontinue cardiac monitor use. 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.

**STANDARDS**

<ul style="list-style-type: none"> <li>• As per the ALS PCS and BLS PCS: Paramedics will apply the cardiac monitor to the patient.</li> </ul>
<ul style="list-style-type: none"> <li>• Paramedics will keep the cardiac monitor applied to the patient while determining final patient disposition. If the patient is transported, paramedics will continue the cardiac monitor while en route to the receiving facility.</li> </ul>
<ul style="list-style-type: none"> <li>• Where a cardiac monitor has been applied by paramedics, the cardiac monitor may be removed if:             <ul style="list-style-type: none"> <li>○ Patient's vitals are consistently within normal parameters as outlined in the ALS PCS Preamble, Age and Vital Signs section or explainable by or not pertinent to the presenting complaint based on paramedic judgement;</li> <li>○ The patient has not complained of ischemic type chest pain or palpitations at any point;</li> <li>○ There is no incident history of loss of consciousness (of any duration);</li> <li>○ Patient shows no electrical cardiac activity that is abnormal or inconsistent with previous medical history (e.g. rate or rhythm);</li> <li>○ The patient exhibits no signs of respiratory distress;</li> <li>○ There is no incident history of cerebrovascular accident (CVA) or transient ischemic attack (TIA);</li> <li>○ is neither confirmed nor suspected in the incident history of ingesting drugs, medications, or other substances that may lead to toxicity;</li> <li>○ No other ALS PCS interventions are anticipated;</li> <li>○ The patient has had no further symptoms requiring medication and peak onset of any administered medication has been achieved; and</li> <li>○ If an IV is in place, it is TKVO (30-60 ml/hr adult) or a saline lock is applied.</li> </ul> </li> </ul>

TITLE: NAME OF DOCUMENT

- If the conditions above are met, the paramedic may remove the cardiac monitor and document on the eACR with the appropriate code, that the cardiac monitor has been discontinued and the reason. After removal of the cardiac monitor, the patient remains the responsibility of the paramedic until patient disposition is finalized and/or if transport has occurred, there is a transfer of care to appropriate staff.
- 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 appropriate staff. Reassessment includes measurement of vital signs at intervals suitable to the patient's condition.

Date/Time	Code	Procedure	Results
Jan. 25, 2023 11:11	314	Cardiac Monitor Disconnect	Monitor disconnected and the patient remained with Paramedic 181XX

**References and Related Documents**

Advanced Life Support Patient Care Standards (ALS PCS)

Basic Life Support Patient Care Standards (BLS PCS)