

Vermont Psychiatric Care Hospital Policy and Procedure		
Electrocardiogram Results Reporting		
Effective: 07/2021	Revised: May 2024	Due to Review: May 2026

POLICY

To provide guidelines for communication of electrocardiogram (EKG) results and to facilitate a timely response for purposes of providing urgent care, arranging appropriate disposition for hospitalized persons, and planning follow up care as indicated.

Critical results of test and diagnostic electrocardiograms shall be reported to an on-duty provider as soon as reasonably possible to ensure appropriate assessment and intervention.

DEFINITIONS

STAT Electrocardiogram: STAT EKGs may be performed at nursing discretion when signs or symptoms of a serious cardio-pulmonary condition are assessed without an order from a provider. A provider shall be notified of the person's condition and an order shall be sought as soon as reasonably possible.

Abnormal Electrocardiogram: EKG results may be classified as abnormal due to a slow, fast, or irregular heartbeat. Abnormal electrocardiogram results may indicate a serious or life-threatening medical condition.

PROCEDURE

12 Lead Electrocardiogram with 3 Channel Machine

- A. In the event of a STAT EKG, or routine EKG with an abnormal machine reading, nursing staff will immediately report the hospitalized person's relevant medical history, EKG findings, physical assessment, and current vital signs to the on-duty provider.
- B. Any provider receiving report of abnormal or STAT EKG results will examine the hospitalized person promptly after receiving notification. A progress note will be written with details of the examination of the hospitalized person.
- C. If the medical consultant is off site at the time of a STAT or abnormal EKG, the evaluating provider will decide if consultation is desired, and will contact the medical consultant if needed.
- D. If the medical consultant is contacted, the EKG will be transmitted to them by the assessing provider electronically for interpretation and promptly reported back to the provider on site. The EKG report may be faxed or securely scanned to the medical consultant only after a phone call has been made notifying the medical consultant that an EKG with abnormal results will follow.
- E. If the medical consultant cannot be reached, the on-duty provider will enter a preliminary interpretation of the EKG and determine the appropriate disposition and treatment. The on-site provider should consider Central Vermont Medical Center (CVMC) as a consultative resource in reviewing EKGs as backup to the VPCH medical consultant. The medical consultant will enter their interpretation of the STAT EKG and sign the

- interpretation with date and time on their next workday.
- F. In the event an emergency medical condition is identified, transfer via emergency medical services will be initiated consistent with VPCH policy. An additional EKG may be obtained if time/condition permits prior to the arrival of emergency medical services.
 - G. The assessing provider will notify the individual’s attending provider of disposition and treatment decisions.

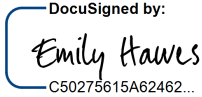
Documentation

Nursing documentation will include when the EKG was obtained (date and time), rationale for obtaining the EKG (e.g., pain, chest discomfort, medication side effect monitoring), results of their physical assessment, and vital signs. The RN will initial/date/time the EKG reports indicating they obtained the report and shall route the original report to the provider for review and signature.

Upon initial review, the reviewing provider shall initial/date/time the EKG reports indicating they reviewed the reading. Additional documentation from the provider and/or medical consultant provider will include results of assessments, evaluations, and communication with internal and external healthcare providers.

Nursing will scan a copy of signed EKG reports to medical records via the Urgent Record Review distribution list. Electrocardiogram reports will not be scanned into the Electronic Medical Record until a provider has read the results, signed, and dated the report. The final EKG report will be filed in the hospitalized individual’s folder to allow Medical Records to catalogue appropriately.

In the event a hospitalized individual requires transfer for Emergency Department evaluation, necessary documentation will be provided to the receiving facility.

Approved by	Signature	Date
Emily Hawes, Commissioner, Vermont Department of Mental Health	 <p>DocuSigned by: Emily Hawes C50275615A62462...</p>	5/15/2024