HMSL Criteria for Telemetry Monitoring

1. Chest pain/coronary artery disease

Indication	Recommended duration of monitoring
Early-phase ACS for intermediate or high risk After MI After PCI	72 h or until ruled out, negative biomarkers or successful reperfusion/revascularization, and no evidence of hemodynamic or electric instability.
After nonurgent PCI, without complications, After routine diagnostic coronary angiography	24 h may be of benefit in some patients but not essential for all
Low-risk and noncardiac chest pain	24 h may be of benefit in some patients but not essential for all

2. Major Cardiac Interventions

Indication	Recommended duration of monitoring
Open Heart Surgery	72 h until no evidence of ongoing modifiable ischemia or hemodynamic or electric instability
Transcatheter Structural Interventions	
After TAVR, particularly with periprocedural conduction abnormalities	72 h until no evidence of hemodynamic or electric instability
Other transcatheter interventions (VSD, ASD, valvuloplasty)	72 h until no evidence of hemodynamic or electric instability

3. Arrhythmias

V tach, nonsustained V tach Atrial tachyarrhythmias Hemodynamically unstable/symptomatic • AFIB • Bradycardia • Atrioventricular block (2nd or 3rd) • WPW with rapid conduction	For all arrhythmias, 72 h until no evidence of ongoing modifiable ischemia or hemodynamic or electric instability
Congenital long QT with unstable ventricular arrhythmias or further QT prolongation induced medically or metabolically	Until stable, exacerbating cause reversed, QTc returned to baseline
Asymptomatic, hemodynamically stable, admitted for noncardiac indication • Chronic AFIB • Bradycardia • Wenckebach or transient atrioventricular block of vagal origin	24 h may be of benefit for some patients but not essential for all. Recommend close observation.

4. Pacemakers/ICD

Transcutaneous pacing pads/ Standard temporary transvenous pacing wires/ Semi permanent transvenous pacing	Monitor until pacing is no longer necessary and the device is removed Or replaced with a permanent device, and no evidence of hemodynamic or electric instability.
ICD shocks, requiring hospital admission	For duration of related hospitalization until precipitating event treated
ICD or Pacemaker admission for noncardiac indication	24 h may be of benefit for some patients but not essential for all. Recommend close observation.

5. Other cardiac conditions

Acute decompensated heart failure	72 h until no evidence of hemodynamic or electric instability
Infective endocarditis	Until clinically stable

6. Noncardiac conditions

Post conscious sedation	Until patients are breathing per baseline and hemodynamically stable
Noncardiac surgery	Low risk- not indicated because the patient's risk of serious arrhythmia or the likelihood of therapeutic benefit is low Moderate to high risk- 24-48 h may be of benefit in some patients but not essential for all.
Noncardiac major thoracic surgery	72 h until no evidence of hemodynamic or electric instability

7. Medical Conditions

Stroke	72 h until no evidence of hemodynamic or electric instability
Moderate to severe imbalance of potassium or magnesium	Until normalization of electrolytes, and no evidence of hemodynamic or electric instability.
Drug overdose	Monitor until free of the influence of the drug(s) and clinically stable
Hemodialysis	Indicated if patient has hyperkalemia, or arrhythmia. Until normalization of electrolytes, and no evidence of hemodynamic or electric instability.
COVID 19	72 h until no evidence of hemodynamic or electric instability

8. DNR/DNI

When data gained from monitoring would trigger interventions consistent with patient wishes (rate control if symptomatic)	May be of benefit for patients when symptom palliation is necessary
When data will not be acted on and comfort-focused care is the goal	Not indicated because the likelihood of therapeutic benefit is low

Reference:
Sandau KE, Funk M, Auerbach A, et al; American Heart Association Council on Cardiovascular and Stroke Nursing; Council on Clinical Cardiology; Council on Cardiovascular Disease in the Young. Update to practice standards for electrocardiographic monitoring in hospital settings: a scientific statement from the American Heart Association. Circulation*. 2017; 136 (19):e273-e344. doi:10.1161/CIR.0000000000000527*