
Standard Operating Guidelines, Operations Department, All Uniformed Employees

ISSUED: Nov-1-2020 REVISED: Nov-1-2020
APPROVED: Nov-1-2020 BY: Operations Management Team
SUBJECT: **Critical Monitor Failure**

Purpose:

Provide guidance on the steps to take when encountering a critical monitor failure.

Responsibility:

It is the assigned Crew Chief's responsibility to obtain and check all equipment at the beginning of their shift for their assigned unit. Ensure that your monitor is working prior to deploying from Post 100.

Guidance:

Steps taken when with a patient who requires cardiac monitoring or a presumed need to obtain an ECG tracing monitored or a 12 Lead ECG due to index of suspicion for cardiac related complaints and the cardiac monitor fails to provide a tracing.

- Confirm all monitor cables are properly plugged in and attached to the patient.
- Confirm Electrodes are secured to the patient.
- Notify CMED of Critical Monitor Failure.
- Follow cleaning procedures for monitor cables and connection points and reattach.
 - Decontaminate cables using the current process with bleach mixture, as usual.
 - Take the 70% alcohol (stored in the left monitor pouch). If you run out of the spray, you may exchange them at Logistics for a refill.
 - Spray the 70% alcohol into the cable and all connectors. Wipe with a dry cloth.
 - Spray Limb and V leads with the 70% alcohol. Wipe with a dry cloth.

If none of the above steps correct the issue.

- Stable Patient. (Normal or Baseline mentation without presentation of abnormal vital signs)
 - Load and transport patient to their hospital of choice.
 - If a significant cardiac event is suspected, transport the patient to the hospital and document reasoning in your EPCR Comments.
 - Notify CMED of the decision to transport
 - At the completion of the call contact an On-Duty Operations Supervisor-Field to report the critical failure.
- Unstable patient. (Altered level of Consciousness and/or the presentation of Unstable/abnormal vital signs.)
 - Contact CMED and request location of closest available ALS ambulance.

- If the closest hospital is significantly closer than the closest available ALS unit; the patient should be transported to the closest hospital without delaying transport to wait on a second unit.
- If there is a hospital between the on-scene unit and the closest available ALS unit, the patient should be loaded and transported to that hospital without delay.
 - The location of the closest unit should be provided by CMED prior to dispatching an additional unit.
- Notify CMED of the decision to transport or remain on scene.
- At the completion of the call contact an On-Duty Operations Supervisor-Field to report the critical failure.
- Cardiac Arrest.
 - If the failure occurs while on scene of a cardiac arrest. Immediately notify CMED who will dispatch the closest available ALS unit.
 - The on-scene unit should manage the cardiac arrest using the defibrillation pads and lead calibration setting on the monitor, if possible, or the First Responder AED until second unit arrives.
- Patient initiated refusal needing cardiac evaluation.
 - Second ALS Unit should be dispatched to the scene so that a complete evaluation can be performed.

At the conclusion of patient care, reach out to an on-duty supervisor to ensure notification of Critical Monitor Failure.