FNIHB- OR Nursing Policy and Procedure

Section:	Diagnostics	Policy Numb	er: IV - 04
Subject:	Initiating a 12 Lead ECG	Issued: Revised:	March 31, 2015
Distribution:	All Nursing Facilities		

1. MEDICAL DIRECTIVE:

- 1.1 Registered Nurses (RN) may initiate a 12 Lead ECG without a direct physician or NP order when specific conditions apply:
 - 1.1.1 A 12 Lead ECG is required as part of a pre-operative assessment, or
 - 1.1.2 The client is demonstrating signs and symptoms of one or more of the following:
 - i. Respiratory pathology
 - ii. Cardiac pathology
 - iii. Cerebrovascular accident
 - iv. Metabolic imbalance
 - v. Trauma to chest wall
 - vi. Major or multiple trauma
 - vii. Possible toxic ingestion
 - viii. Possible adverse reaction to medications or drugs
 - ix. Weakness or lightheadedness in those > 65 years of age
 - x. Electrical injury, or
 - 1.1.3 The client is demonstrating signs and symptoms consistent with a condition listed in the FNIHB Clinical Practice Guidelines (CPG) and that CPG recommends an ECG be performed.

2. RECIPIENT CLIENTS:

Any client presenting to the FNIHB-OR nursing station or health centre with treatment, who requires a pre-operative health assessment and those clients exhibiting any signs and symptoms listed in 1.1.2 and 1.1.3.

3. AUTHORIZED IMPLEMENTERS:

Registered Nurses working in a FNIHB-OR Nursing station or Health Centre with Treatment.

The RN is authorized to enact this medical directive when he/she possesses the knowledge, skill and judgment to do so. The nurse is required to demonstrate competency to implement this medical directive through the standard orientation process.

4. CONTRAINDICATIONS:

- 4.1 Verbal consent not obtained from the client or substitute decision maker.
- 4.2 Trauma or other physical condition that interferes with ability to obtain an ECG.
- 4.3 Client uncooperative or unwilling to have ECG performed.

5. **DEFINITIONS:**

ECG: Electrocardiogram is a recording of the electrical activity of the heart. **CNO:** College of Nurses of Ontario

6. PRINCIPLES:

- 6.1 ECGs provide valuable information to help to differentiate a client's diagnosis and provide early detection and intervention of a potentially critical health condition.
- 6.2 Quality Assurance monitoring practices will maintain ECG equipment.

7. PROCEDURE:

- 7.1 If a client presents with signs and symptoms listed in Medical Directive statement 1.1, the nurse will promptly obtain an ECG, in accordance with the procedure outlined in *Clinical Nursing Skills and Techniques 8th edition* (Perry, Potter, and Ostendorf, 2013).
- 7.2 Once the ECG is obtained, is forwarded to the on call physician and/or community physician for review and interpretation.
- 7.3 A complete assessment is to be performed as indicated by the client's presenting complaint, past medical / surgical history, other laboratory and diagnostic test results, and focused physical exam.
- 7.4 *Documentation:* At a minimum the following information must be documented, as per FNIHB-OR and CNO's documentation standards:
 - 7.4.1 The client assessment, including a description of the signs and symptoms which prompted the provider to obtain the ECG;
 - 7.4.2 The ECG interpretation;
 - 7.4.3 The name and time the physician was notified;
 - 7.4.4 The plan of care, including all interventions and client teaching performed;
 - 7.4.5 Cite the name of this medical directive; and
 - 7.4.6 Name and signature of the implementer.
- 7.5 If the nurse requires clarification of this medical directive, he/she should consult the physician, immediate supervisor, or practice consultant.

8. RELATED POLICIES:

FNIHB-OR Policy: Acknowledging Diagnostic Tests FNIHB-OR Policy: Documentation Standards FNIHB Clinical Practice Guidelines

9. **REFERENCES:**

CNO (2014). Reference Document: Legislation and Regulation. RHPA: Scope of Practice, Controlled Acts Model.

CNO (2014). Practice Guideline: Authorizing Mechanisms.

Perry, A. G., Potter, P.A., and Ostendorf, W. (2013). Clinical Nursing Skills and Techniques 8th ed. Mosby.

Regulated Health Professions Act, 1991

Approved by:		Effective Date:
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Director of Nursing, Ontario Region	Date:	
Regional Executive, Ontario Region	Date	