

CARDIAC RHYTHM ABNORMALITIES

Level II
(No Level I)

Skill Level: RN

Definition: Irregular apical pulse; pulse rate below 60 or above 100 beats per minute; apical-radial pulse deficit; abnormal rate and rhythm or configuration on EKG.

MILD	
<p>Subjective:</p> <ul style="list-style-type: none">• “My heart is: skipping beats, beating funny, beating too fast/too slow, pounding in my chest.”• History of what triggers episode(s).• History of what relieves episode(s).	<p>Assessment:</p> <ul style="list-style-type: none">• Potential for Anxiety: Perceived or actual cardiac rhythm abnormality.• Alteration in comfort.• Potential for decrease in cardiac output.
<p>Objective:</p> <ul style="list-style-type: none">• No chest pain• Vital Signs normal:<ul style="list-style-type: none">○ Pulse - radial and apical, strength, pattern, rate above 40 but less than 120.○ Blood Pressure may be elevated.• No chest pain, syncope, or focal weakness.• Blood pressure normal for patient and not below 85 systolic.	<p>Plan:</p> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none">• EKG/rhythm strip. Discuss results with provider if reads abnormal.• Call provider if irregular heartbeat and patient has a history of cardiac problems.• Vital signs and monitor ABC's. If patient's vitals are stable and normal and no prior history of cardiac problems, consider provider appointment and reassurance.• If patient complains of chest pain, shortness of breath, diaphoresis, nausea or has unstable vital signs, treat as possible Myocardial Infarction, and initiate full emergency treatment.

Nursing Education:

1. If the patient has no symptomatic complaints such as chest pain, nausea, fainting and pulse is above 40 but below 120 and the EKG reveals an SR with 6 or fewer ectopic beats per minute, blood pressure is within normal limits, this is likely to be a single, self-limited episode.
2. If subjective/objective findings indicate anxiety caused, refer to Anxiety protocol; consider BHS referral.

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3. If this is a reoccurring episode, but the patient's vitals are stable, refer to provider.
4. Discuss any EKG read by machine as abnormal with the provider.
5. If the patient is unstable, monitor vital signs, administer O2, initiate IV infusion, transport to local hospital emergency room.

Patient Teaching:

1. Reassure and help with relaxation techniques.
2. Explain some possible causes such as smoking, caffeine products, and stress/anxiety.
3. Rest and restrict activity based on tolerance and severity of episode.
4. Notify practitioner if any problems or heart rate remains less than 50 or greater than 120 for 5-10 minutes and if not tolerated by patient.

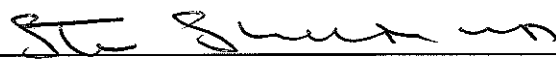
APPROVED:

Medical Services Manager

Date

Chief Medical Officer

Date



Medical Director

11/3/09
Date

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