

ACC guidelines (not original source) below old and I think not very helpful but from society and not UM of note no duration I think that is key more likely to get agreement to d/c after 24-48hr then an order upfront

Class I: cardiac monitoring is indicated in most if not all patients in this group. This category includes all patients who are at significant risk of an immediate life-threatening arrhythmia.

Examples:

- Proven or suspected myocardial infarction
- Post cardiac surgery, cardiac arrest, or catheter ablation
- Unstable angina
- Drug poisoning known to have arrhythmic toxicity
- Post percutaneous transluminal angioplasty with complications
- High-risk coronary artery lesions, critically ill patients
- Mobitz type II block or greater
- Sustained ventricular tachycardia
- Myocarditis
- Loading type I/III antiarrhythmic agents (high risk)

Class II: cardiac monitoring may be of benefit in some patients but is not essential for all.

Examples:

- Syncope
- More than 3 d post myocardial infarction
- Potentially lethal arrhythmia several days after control
- Significant non-life-threatening arrhythmia such as atrial fibrillation
- Significant risk of cardiac or respiratory arrest
- Hypotension
- Post angioplasty, pacemaker, cardiac surgery (stable)
- Loading type I/III anti-arrhythmic agents (low risk)
- Tachyarrhythmia/bradyarrhythmia
- Pericarditis

Class III: cardiac monitoring is not indicated because the patient's risk of a serious arrhythmia or the likelihood of therapeutic benefit is low.

Examples:

- Postoperative patients at low risk
- Terminal illness
- Post routine uncomplicated coronary angiography
- Chronic stable atrial fibrillation or non-sustained ventricular tachycardia
- Stable cardiac disease or obstetrics

*Diagnoses are based on clinical assessment by the patient's attending physician.

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