



## AUDIT OF ST SEGMENT MONITORING

Purpose: To determine compliance with using ST segment monitoring.

Instructions: Answer each question by checking the appropriate box 'yes' or 'no'. If using continuous 12-lead monitoring, start with item 3.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room number: \_\_\_\_\_

Bedside Nurse: \_\_\_\_\_

Auditing Nurse: \_\_\_\_\_

1. Patient has ACS:	Yes	No
<input type="checkbox"/> And has an identified 'ST fingerprint'. Are monitored leads based on this ST fingerprint?		
<input type="checkbox"/> And does not have an identified 'ST fingerprint'. Are monitored leads III and V <sub>3</sub> ?		
2. Patient is a surgical, non-cardiac patient. Are monitored leads III and V <sub>5</sub> ?		
3. Are electrodes placed in correct anatomic positions? If not correct please note incorrect leads-		
4. Are electrode locations marked with indelible ink? (Auditor may have to remove electrode to assess). If no, did the patient refuse to be marked with indelible ink?		
5. Is ST monitoring interpreted with patient in supine position with head of bed less than or equal to 30-45 °?		
6a. For adult patients: Are ST alarms set 1-2 mm above and below patient's baseline ST?		
6b. For neonates and infants: Are ST alarms set 1 mm above and below patient's baseline ST?		