London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

Procedure:	Discontinuing Cardiac Monitor Use	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	June 2023	**Date Reviewed: May 2026**

PURPOSE

This policy provides guidance for when a paramedic may discontinue cardiac monitor use. The Basic Life Support Patient Care Standards (BLS PCS) identify cardiac monitoring as a necessary assessment tool for certain patients. However, many patients who have had cardiac monitoring initiated will not require it on a continued or ongoing basis. This policy reinforces the requirement for clear, accurate, and timely documentation, including judgment and reassessment findings, in accordance with the Documentation Standards when cardiac monitoring is discontinued.

POLICY

1. As per the Advanced Life Support Patient Care Standards (ALS PCS) and BLS PCS, paramedics will apply the cardiac monitor to the patient.

2. Paramedics will keep the cardiac monitor applied to the patient while determining the final patient disposition. If the patient is transported, paramedics will continue the cardiac monitor while en-route to the receiving facility.

3. Where a cardiac monitor has been applied by paramedics, the cardiac monitor may be removed if:

    3.1 The patient's vitals are consistently within normal parameters as outlined in the ALS PCS Preamble, Age and Vital Signs section, or explainable by or not pertinent to the presenting complaint based on paramedic judgement.
    3.2 The patient has not reported ischemic-type chest pain or palpitations at any point.
    3.3 There is no incident history of loss of consciousness (of any duration);
    3.4 Patients show no electrical cardiac activity that is abnormal or inconsistent with previous medical history (e.g., rate or rhythm);
    3.5 The patient exhibits no signs of respiratory distress.
    3.6 There is no incident history of cerebrovascular accident (CVA) or transient ischemic attack (TIA);
    3.7 There is neither confirmed nor suspected ingestion of drugs, medications, or other substances that may lead to toxicity.
    3.8 No other ALS PCS interventions are anticipated.
    3.9 The patient has had no further symptoms requiring medication, and peak onset of any administered medication has been achieved; and
    3.10 If an IV is in place, it is TKVO (30-60 ml/hr for adults), or a saline lock is applied.

4. If the above conditions are met, the paramedic may discontinue cardiac monitoring and must document in the eACR the discontinuation, the clinical rationale, and the appropriate service code, in accordance with the Documentation Standards. Following removal of the cardiac monitor, the patient remains the responsibility of the paramedic until patient disposition is finalized or, if transported, care is formally transferred to appropriate receiving staff.

5. Following discontinuation of cardiac monitoring, paramedics who continue to provide care shall reassess the patient as indicated by Patient Care Standards. Reassessment findings must be documented in accordance with the Documentation Standards.

   It is the expectation that should the patient's condition deteriorate, and cardiac monitoring is indicated, it will be reinitiated without reasonable delay.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

Basic Life Support Patient Care Standards Version 3.4
Emergency Health Services Branch, Ministry of Health, March 10, 2023

Ministry of Health. Documentation Standards for Ambulance Services. Emergency Health Services Branch, Ministry of Health.