

<b>Taunton and Somerset</b>  NHS Trust		<b>Policy :Department of Cardiology</b>
<b>Title: PROTOCOL FOR CARDIAC NURSE SPECIALIST PERFORMING IMPLANTABLE CARDIAC MONITOR PROCEDURE</b>		
<b>Authors:</b>	Simon Adams	
<b>Accepted by:</b>	Acute Care Division	<b>Active date:</b>
<b>Ratification date:</b>		<b>Review date:</b>
<b>Applies to:</b>	Cardiac Nurse Specialist	<b>Exclusions:</b>
<b>Purpose:</b>	To enable non-medical specialist to safely implant cardiac monitors	

## Introduction

An Implantable Cardiac Monitor (ICM, also Known as a Reveal device or Implantable Loop Recorder) is a patient activated and/or automatically-activated monitoring system that records the electrocardiogram. It is indicated in the following cases:

- Patients with clinical syndromes or situations at increased risk of cardiac arrhythmias
- Patients who experience transient symptoms such as syncope that may suggest a cardiac arrhythmia

Historically, ICM procedures have been carried out by doctors – usually Cardiology Consultants, Associate Specialists in Cardiology and Cardiology Specialist Registrars. In recent years other professionals have started to implant these devices including Cardiac Physiologists at St Thomas's Hospital in London, New Cross Hospital in Wolverhampton and Weston General Hospital.

From 2007 to date, the Cardiology department at Musgrove Park has seen an increase in the amount of ILR devices being implanted. In 2007 we implanted one a month on average, that number has steadily increased and in 2010 that number has risen to five a month and is set to rise further, due to the current NICE guidelines outlining Total Loss of Consciousness which states that an implantable event recorder should be offered those

who experience TLoC less than once every two weeks (NICE 2010). In developing this service now it will place the hospital in a good position to meet the growing needs of our patients in the future.

## **Potential advantages**

It is anticipated that the development of this Cardiac Nurse Specialist role will improve the service to cardiac patients by:

- Increasing flexibility and therefore access to the service, reducing waiting times
- Provision of a more cost effective service for the Trust.
- Enable cardiologists and Associate Specialists to concentrate on more specialist procedures such as pacemaker implantation.
- Reduce referral to treatment times for pacemaker
- Allow development time for cardiology Specialist Registrar in more complex pacing.

## **Implementation**

### **Training and competency**

The Cardiac Nurse (CNS) will be trained to perform the procedure by a Consultant Cardiologist according to an agreed procedure guideline. A Basic surgical course will also be attended to gain necessary skills and knowledge in suturing. The CNS will be observed and supervised carrying out the procedures. Competency will be assessed by the Consultant Cardiologist. Competency testing and updating will take place annually.

Once competent and working independently there should only be a need for an experienced Health Care Assistant or Nurse to be present in the pacing room where the procedure will be carried out.

### **Indemnity**

On approval of this document and following competency assessment of the CNS, Taunton & Somerset NHS Trust will provide vicarious liability for the performance of ICM procedures providing practice is within the agreed written protocols.

### **Accountability**

The CNS will at all times adhere to the Nursing and Midwifery Council with regards to their code of conduct. It is understood that the ultimate responsibility is on the practitioner to determine their own individual

competence and also be prepared to refuse to undertake a task if this competence is not possessed. The referring Cardiologist will remain responsible for the medical management of the patient.

## **Informed consent**

The CNS will undertake training in order to gain consent. This will be done by attending a study session provided by the learning and Development Department at Musgrove Park Hospital. At a local level the CNS will observe the Cardiologist taking consent and in turn will be observed taking consent until deemed competent to do so alone, this will be documented on the learning contract.

The CNS will explain the procedure to the patient and their carers, answer any questions and obtain the patient's written consent prior to the procedure. The aim of the consent is to give the patient information to enable them to make an informed decision and become a partner in determining the type of care and treatment that they receive. It is appropriate and legally acceptable that written consent for the procedure is obtained (DoH 2001, NMC 2004, Human Tissue Act 2004, Medical Protection Society 2005) this will be recorded on a pre printed consent form. A patient has the legal right to grant or withhold consent to examination or treatment at any time.

## **Anaesthetic**

The prescription and administration of Lidocaine 1% and Adrenaline 1:200,000 anaesthetic by the Cardiac Nurse Specialist will be covered by the Patient Group Directive.

Very rarely Lidocaine is not successful for adequate local anaesthesia. In these cases the consultant on site would be called to review and advise. If the patient is very anxious and needs or is requesting sedation then the suitability of this case needs to be reviewed with Cardiologist, if suitable and agreed by CNS then low dose of sedation once prescribed by the Doctor can then be given by a trained nurse. If sedation is given then the Nurse or Health Care Assistant present in the room should be confident and competent in monitoring the patients vital signs and maintaining the patients airway.

## **Audit**

The Implantable Cardiac Monitor logbook will be completed for each

## ILR Implantation 0.1

procedure in order to audit the CNS activity and for use in identifying further training and development needs, as well as department records. Review of service will be carried out at an annual appraisal, if review is needed earlier then can be presented at Cardiology MDT meeting.

The current ILR care pathway will continue to be used to document the patients care and observations, this will then be filed in the patient's medical notes. Following the procedure the operator should check the wound prior to discharge and a discharge letter will need be dictated by the CNS to the patients GP.

## **Training needs and provision**

### **Aims:**

To enable the CNS to acquire knowledge and skill to widen their scope of professional practice.

### **Theoretical:**

To enable the CNS to recognise anatomical and tissue landmarks for successful implantation of ILR device, and to be able to set up the ILR post procedure.

To be delivered through:

- Anatomical and tissue teaching by Consultant Cardiologist. Observation of at least 5 implants documented in log book.
- Teaching of device set up post procedure will be delivered through experienced Cardiophysiologicalist. Observation of at least five ILR set ups documented in log book.

### **Practical:**

To gain experience in basic surgical skills and wound care in order to deliver a safe and effective service

To be delivered through:

- Practical demonstration; through observation of at least 5 implant procedures, documented in log book.
- Direct supervision, 10 implants performed under direct supervision of the Consultant Cardiologist.
- Indirect supervision. The CNS will review the case notes, obtain consent, prepare the patient and perform the procedure without

## ILR Implantation 0.1

the supervisor being present for 10 further implants. The log book will be completed with regular review from Consultant Cardiologist. The Cardiologist will be contactable in case of queries.

### **Learning outcomes:**

- The ability to describe indications and contraindications for device implantation
- The ability to describe the relevant anatomy and physiology
- The ability to prescribe appropriate management for the patient
- The ability to operate equipment to both Trust and manufacturer's instructions
- The ability to analyse potential problems which may be encountered and manage possible post procedure complications.
- The ability to set up ILR device correctly

