EKG TECH BASICS · ONE-PAGER

Safety, Compliance and Patient Care

Patient ID, consent, HIPAA, infection control, electrical safety, vital signs, recognizing and reporting emergencies, CPR and AED, safe lifting, scope and charting for EKG technicians

50 sources + more detail

ekgtechbasics.com/sheets/ekg-safety-patient-care.html
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1 Right patient, right test

STEP	DO THIS
Ask, do not tell	Ask the patient to state full name and date of birth; match both to the order and the wristband. Never 'Are you Mr. Lee?'
Not identifiers	Room or bed number, diagnosis, appointment time
Sources disagree	Stop before recording; tell the nurse; record once order, band and patient agree
Patient cannot answer	Check the band against the order, or ask the parent or caregiver the same open questions
Label	At the bedside, with the patient present; an unlabeled tracing is not filed

2 Explaining the test and consent

CONSENT	WHEN IT APPLIES
Implied	Routine, low-risk test: after your explanation the patient cooperates (lies down, uncovers the chest)
Informed, verbal or written	Higher-risk tests or where policy requires a signature, such as many stress tests
Presumed	Emergency with a patient who cannot take part (STAT ECG on an unresponsive patient)
Minor	A parent or legal guardian gives permission; ask the child's assent too

⚠ SAFETY A patient with capacity may refuse or stop at any point, even after agreeing. Stop, remove the electrodes, tell the nurse and chart the refusal. Never force a tracing: do not restrain a resisting patient or have a relative hold one down.

3 Privacy (HIPAA)

- Share with the care team for treatment. Employers and coaches need the patient's written authorization; coworkers with no part in the care get nothing.
- Family at the bedside: only if the patient agrees or does not object when asked.
- Minimum necessary: never open charts of patients you are not caring for.
- Curtain closed, voice low, no talk in elevators; screens locked; printouts in confidential shred bins.
- Your own login only; no tracing photos on a personal phone.
- Misdirected fax or wrong-chart tracing: report it at once to your supervisor or privacy officer.

4 Infection control

PRECAUTION	YOU WEAR	NOTE
Standard (every patient)	Gloves for blood, body fluids or broken skin; more PPE if splashes are likely	Hand hygiene before and after the patient and right after gloves come off
Contact	Gown and gloves, on entering	Dedicated or disposable equipment; disinfect shared items before the next patient
Droplet	Facemask, on entering	Patient masks if moved
Airborne (TB, measles, chickenpox)	Fit-tested N95 or higher	Negative-pressure room, door closed

- Alcohol rub unless hands are visibly soiled; soap and water then, and in C. difficile or norovirus outbreaks.
- No artificial nails or extensions with high-risk patients (ICU, operating room).
- Leads, cables and BP cuffs: low-level disinfectant between patients, wet for the label's contact time.
- Blood in the eye or a cut: flush or wash, report to your supervisor, get seen at once.

5 Electrical safety

- Inspect before use: frayed cord, cracked case, exposed wire, bent or missing ground prong. Take it out of service and report it.
- Plug and unplug with dry hands; keep fluids off the cart.
- A patient with pacing wires or a central line can fibrillate from a tiny current. Never touch exposed wire ends.
- A tingle or shock from a device: stop using it and report it.

6 Vital signs

SIGN	ADULT AT REST	GET IT RIGHT
Pulse	60–100/min (trained athletes 40–60)	Two fingers at the radial artery; a full 60 s if irregular
Respirations	12–20/min	Note effort: neck muscles working, nostrils flaring
Blood pressure	Normal under 120/80	Right cuff (too small reads high); seated 5 min, feet flat, arm supported at heart level, no talking
Temperature	About 37 °C (98.6 °F); fever over 38 °C (100.4 °F)	Recheck later if the patient just had a hot or cold drink
SpO_2	95–100%	Report 92% or lower; dark nail polish and cold fingers mislead

EXAM TIP Children run faster: newborn pulse 70–190, infant 80–160, infant respirations 30–60. Orthostatic drop: systolic 20 or more or diastolic 10 or more within 3 minutes of standing.

7 Recognize and report

YOU SEE OR HEAR	DO THIS NOW
Chest pain or pressure; pain in arm, jaw, back; sweating, nausea, unusual fatigue	Stay with the patient; call the nurse now; hand over any tracing at once
Face droop, arm drift, slurred speech, sudden vision or balance loss	Call for help now and note the time the signs began
Faints or nearly faints	Lower to lying, check breathing, raise legs if uninjured, call the nurse
Breathless lying flat, confusion, working neck muscles	Sit the patient up, stay, call the nurse
Hives, throat tightness, hoarse voice after electrodes	Call for emergency help and stay
During a stress test: chest pain, dizziness, pallor, asks to stop, ECG or BP lost	Tell the supervising provider; the test stops per protocol
Monitor alarm for a lethal rhythm	Check the patient first: responsive and breathing? (rhythms: see the Rhythm Gallery)

8 Unresponsive: CPR and AED at your scope

1. No response and no normal breathing (gasping is not breathing): shout for help, call the code team, send for the AED.
2. If trained, compress: center of the chest, about 5 cm, 100–120/min, full recoil, pauses under 10 s.
3. AED: turn it on and follow the prompts; pads on a bare, dry chest. Nobody touches the patient during analysis or a shock; compress again right after.
4. Then take the role you are given: compressor, recorder or runner.

9 Moving patients and loads

- Lift device or more staff for a patient who cannot help; about 35 lb (16 kg) is the most to lift of a patient by hand.
- Care in bed: bed raised to spare your back. Transfer: bed lowered so the feet touch the floor; brakes locked; wheelchair beside the bed, footrests away.
- Bend the knees, back straight, load close, between knees and shoulders; turn with your feet.
- Gait belt for a pivot transfer; the patient never holds your neck.
- A patient starts to fall: lower them to the floor, then get the nurse.

10 Scope and charting

YOUR JOB	NOT YOUR JOB
Record, measure, troubleshoot and report tracings	Telling the patient what the tracing means
Tests that are ordered, done as trained	Unordered tests, or tasks you are not trained for
Vital signs, reporting symptoms	Giving medicines; blood draws outside your job description

- Chart only what you did, when you did it, under your own login; never ahead of time.
- Fix errors with the correction or addendum tool, dated and signed; never delete or write over.
- Report errors and near misses in the event reporting system.

EXAM TIP Exams reward the patient first: two identifiers; stop and report any mismatch, refusal or new symptom; when unsure a task is yours, ask the nurse.

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