

## POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: EKG Technician

Supervised by: Director, Cardiopulmonary Services

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Job Summary:** Produces recordings of electromotive variations in patient's heart muscle, using electrocardiograph (EKG), to provide data for diagnosis of heart ailments by performing the following duties:

### DUTIES AND RESPONSIBILITIES:

E = Exceeds the Standard

M = Meets the Standard

NI = Needs Improvement

#### Demonstrates Competency in the Following Areas:

	<u>E</u>	<u>M</u>	<u>NI</u>
Ability to perform EKGs according to procedure.	2	1	0
Moves electrodes along specified area of chest to produce electrocardiogram that records electromotive variations occurring in different areas of heart muscle.	2	1	0
Monitors EKG for abnormal patterns.	2	1	0
Inputs information into machine and marks tracing to indicate positions of chest electrodes.	2	1	0
Maintains adequate supply of paper and ink in machine.	2	1	0
Attaches electrodes of Holter Monitor to patient to record data over extended period of time.	2	1	0
Types report interpretations, sends reports to physicians, files inpatient reports in charts and files reports in department according to department procedures.	2	1	0
Manages and operates equipment safely and correctly. Inspects cardiology equipment to ensure it is functioning correctly. Reports all malfunctions.	2	1	0
Treats patients and their families with respect and dignity.	2	1	0
Maintains a thorough knowledge of all departmental forms and logbooks and their proper usage.	2	1	0

#### Professional Requirements:

	<u>E</u>	<u>M</u>	<u>NI</u>
Adheres to dress code. Appearance is neat and clean.	2	1	0
Completes annual educational requirements.	2	1	0
Maintains regulatory requirements.	2	1	0
Maintains patient confidentiality at all times.	2	1	0
Reports to work on time and as scheduled. Completes work within designated time.	2	1	0
Wears identification while on duty, uses computerized punch time system correctly.	2	1	0
Attends annual review and departmental inservices, as appropriate.	2	1	0
Attends at least ___ staff meetings, reads and returns all monthly staff meeting minutes.	2	1	0
Represents the organization in a positive and professional manner.	2	1	0
Actively participates in performance improvement and continuous quality improvement (CQI) activities.	2	1	0
Complies with all organizational policies regarding ethical business practices.	2	1	0

SUBJECT: ASSESSMENT/REASSESSMENT OF THE PATIENT	REFERENCE #3007
DEPARTMENT: CARDIOPULMONARY SERVICES	PAGE: 1 OF: 5
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

It is the policy of Cardiopulmonary Services to provide a complete assessment of the patient for evaluation of his/her respiratory status. Reassessment of the patient is criteria-based, and is individualized.

**PURPOSE:**

The purpose of cardiopulmonary assessment and reassessment of identified patients is to provide a comprehensive, interdisciplinary approach to optimum cardiopulmonary functioning.

**PROCEDURE:**

- Assessment:
  - Scope of assessment and reassessment is outlined on the cardiopulmonary assessment sheet.
  - Assessment and reassessment will be conducted in collaboration with the healthcare delivery team, utilizing assessment/reassessment data provided by the disciplines providing care for the patient.
  - Initial assessment should be done within one hour of receiving orders from the computer order entry system.
  - All Cardiopulmonary Services personnel must assess the patient at the start of each new treatment, and document findings on the assessment sheet.

Patients on O<sub>2</sub> will be assessed at the first charting.

SUBJECT: HAND HELD NEBULIZER	REFERENCE #3021
DEPARTMENT: CARDIOPULMONARY SERVICES	PAGE: 2 OF: 5
APPROVED BY:	EFFECTIVE: REVISED:

- Attach aerosol mask, "T" piece and mouthpiece to the nebulizer (for older children and adults).
- Instruct the patient about the following method of breathing during the treatment: slow, deep, diaphragmatic mouthbreathing with a slight inspiratory pause.
- Position the patient to allow for maximal lung expansion.
- Adjust the oxygen flow meter to eight liters per minute.
- Place mask on patient's face and adjust for a snug fit. For a younger patient, point the nebulizer at his/her mouth.
- When medication is completely used up, discontinue treatment.
- Drain any condensate from nebulizer and wipe off aerosol mask. Package equipment for next treatment.
- Encourage the patient to cough, providing any necessary assistance.
- Thoroughly wash your hands before coming into contact with another patient.
- Chart appropriate information in the patient's chart.

**CARE OF EQUIPMENT:**

- Flow meter must be vertical when plugged into the wall outlet to guarantee accurate flow rates.
- Exercise caution when handling equipment to avoid dropping it.
- The nebulizer must be held vertically to effect nebulization.

**IMPORTANT POINTS:**

- Review the patient's chart to ascertain the best way to accomplish the clinical goals necessary for each patient.

Effective therapy requires a well-informed, relaxed patient. Take as long as necessary to instruct and reassure the patient.

SUBJECT: INCENTIVE SPIROMETRY	REFERENCE #3032
DEPARTMENT: CARDIOPULMONARY SERVICES	PAGE: OF: 5
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

It is the policy of \_\_\_\_\_ Hospital Cardiopulmonary Services to provide clinically proven treatments to improve the patient's cardiopulmonary status. These treatments must be ordered by members of the patient's health care team who are licensed and approved to order same.

**OBJECTIVE:**

To encourage a maximal voluntary sustained inspiratory effort duplicating the yawn reflex.

**EQUIPMENT:**

Incentive Spirometer

**PROCEDURE:**

- Verify order by checking the patient's chart.
- Review the chart for information relevant to respiratory therapy, such as x-ray results, blood gas values, position restrictions, etc.
- Introduce yourself to the patient.
- Verify patient's identity by checking his/her ID bracelet.
- Explain to the patient what you are going to do. This procedure requires patient's cooperation to be effective, so make sure the patient understands all directions and is capable of cooperating before proceeding.
- Adjust the flow setting to the maximum opening.
- Instruct the patient to put the mouthpiece firmly in his/her mouth and inhale, attempting to raise the ball in the chamber and hold it at the top for as long as possible.
- Adjust the flow setting downward until the patient is able to do this maneuver correctly.

SUBJECT: ECHOCARDIOGRAM PROTOCOLS	REFERENCE #3076
DEPARTMENT: CARDIOPULMONARY SERVICES	PAGE: OF: 5
APPROVED BY:	EFFECTIVE: REVISED:

**PURPOSE:**

- The following protocols are designed to give specific directions that will help obtain a streamlined process for echocardiograms that will consume less time. The following directions will provide better quantitative echocardiographic evaluations of patients being studied.
- These protocols are not intended to be a substitute for a basic echocardiogram evaluation, but provide a minimal standard that should be provided on every ultrasound.

**PROCEDURE:**

- LV Function Protocol:
  - M-Mode Examination:
    - M-Mode through papillary muscle level, mitral valve level and aortic LA level for measurements of LV fractional shortening, left atrial size, LV posterior wall and interventricular septal thickness, aortic size and LA aortic ratio and EF slope.
  - ZD/Doppler Examination:
    - Parasternal Long Axis Plane:
      - ◆ Five or more beats in the parasternal long axis view, followed by three or more beats of color to rule out aortic and mitral regurgitation.
    - Parasternal Short Axis Plane:
      - ◆ Five or more beats at the parasternal short axis at the mitral level and papillary muscle level. There is no need for color doppler on the short axis views, unless moderate or severe regurgitation of the mitral or aortic valves is noted.
      - ◆ Five or more beats at the parasternal short axis at the great vessel level, then followed by several beats with color flow looking for tricuspid regurgitation and pulmonic regurgitation. If tricuspid regurgitation is visualized, then continuous wave doppler should be put through the middle of the jet to obtain maximal transvalvular gradient. This measurement is considered to be very important.