

Transport of Low-Risk Telemetry Patients From the Emergency Department – Is a Nurse Necessary?

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Abstract

Emergency department (ED) nurse-accompanied low-risk telemetry transport is a common practice. However, this practice results in the inefficient use of nursing resources, unnecessary telemetry transports, increase in non-productive nursing care hours, disruption or delay in care for the remaining ED patients, and ED overcrowding.

PICO

P- In low-risk telemetry patients
I- does the lack of telemetry monitoring and nurse escort
C- compared to the current practice of nurse escorted telemetry monitored transfers
O- result in adverse events

Results

Four systematic reviews and eight high quality observational/cohort studies were appraised for inclusion in this project. According to the literature, there is limited evidence to support the need for the ED nurse to accompany low-risk telemetry patients during transport. In fact, this practice may pose patient safety risks to those individuals who remain in the ED or to those who are awaiting a treatment space in the ED. Additionally, according to the literature, this practice also contributes to the current state of ED overcrowding.

Conclusion

Current guidelines from the American Heart Association (AHA) as well as research studies examining the utility of ED nurse escort during transportation off the unit, report that the risk of an adverse event during transport to an inpatient bed is minimal in the low-risk telemetry patient. In fact, the utility of cardiac monitoring for these individuals is also questionable.

Introduction

Hospital policy requires ED nurse escort for all telemetry patients during transport, including stable, low-risk patients who also have off telemetry orders to go to testing. This practice removes nurses from bedside care, potentially impacting patient safety, wait times, and ED flow.

Methodology

A literature review of English-language studies (2020–2025) was conducted and expanded to 2005 due to limited evidence.

Databases searched included CINAHL, Cochrane Library, AHRQ, EMBASE, and MedlinePlus.

From March–June 2025, transport data was collected for 206 low-risk telemetry patients transferred from the ED to telemetry units with a registered nurse. Data was analyzed to evaluate current transport practices and resource utilization while maintaining patient safety.

During the three-month data collection period, a total of 206 low-risk telemetry patients were transported from the ED to the telemetry unit with a registered nurse.

The average transport time was twelve minutes. No adverse events were reported during any of these transports. However, during these transports, approximately five patients were left in the ED to be monitored by another nurse in addition to their varied acuity assignment.

Recommendations

Project findings will be shared with key stakeholders, including the Critical Care Committee, System Nursing Research, Cardiology, and Patient Care Services. Following feedback, the project will be submitted for IRB review. Pending approval, a three-month pilot study will evaluate the safety, feasibility, and sustainability of the revised transport process, with the goal of informing a hospital-wide, evidence-based policy update.

Acknowledgements

The CCC would like to acknowledge ED leadership, our ED educator, our colleagues, ED providers and our medical librarian for their support and collaboration.

