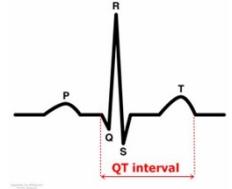




WINK: What I Need to Know



QTc Monitoring for COVID19 Inpatients for the management of Hydroxychloroquine- Plaquenil

The **QT** interval is defined as the time between the beginning of the Q-wave and the end of the T-wave. It measures the total duration of the depolarization (QRS duration) and repolarization (ST-T) phases of the ventricular action potential.

The QT interval has an inverse relationship to heart rate. Faster heart rates shorten the QT interval and slower heart rates prolong the QT interval. The heart rate corrected QT interval is abbreviated as **QTc**.

Hydroxychloroquine prolongs the QT interval. Ventricular arrhythmias and torsades de pointes have been reported in patients taking this medication; therefore, Hydroxychloroquine should not be administered with other drugs that have the potential to prolong the QT interval.

****A baseline 12 lead ECG should be obtained PRIOR to the administration of HCQ****

TELEMETRY MONITORING CRITERIA AND DURATION

Tisdale risk score will be determined by ordering providers We encourage all ordering providers to use the Tisdale Score		
Low Risk- less than or equal to 6 points on Tisdale Telemetry for 72 hrs is indicated if QTc greater than (>) 460 milliseconds (msecs) (0.46 seconds) Telemetry is NOT indicated for a QTc less than (<) 460 msecs (0.46 seconds)	Medium Risk- 7 – 10 points on Tisdale Should have Telemetry monitoring for duration of treatment	High Risk- greater than or equal to 11 points on Tisdale Should have Telemetry monitoring for duration of treatment

RN RESPONSIBILITY

Monitor and document QTc at least once per shift or if any changes are noted
Notify ordering provider or Cardiologist (if on case) if: QTc is (>) greater than 500 msecs (0.5 seconds) or QRS duration is > 120 msecs (0.120 seconds) and QTc > 550 msecs (0.550 seconds)



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RN DOCUMENTATION of QTc

If the patient has Hydroxychloroquine prescribed for COVID-19 as the indication and is on telemetry, an alert will be appear.

The screenshot shows a 'Medication Administration' window for patient BBTEST, BHONE. A medication entry for hydroxychloroquine is highlighted. A modal dialog box titled 'QTC Interval Documentation' is displayed, containing the following text: 'If patient has been placed on telemetry, please document the Patient's QTc interval before administering the medication by clicking on "Document QTc" below.' A red arrow points to the 'Document QTc' button at the bottom of the dialog. The dialog also includes an 'OK' button and a 'Launch "QTC Interval Documentation" PowerForm' link.

The RN should document the most recent QTc interval from the latest telemetry strip or monitor reading. Save the documentation prior to the administration of the medication.

**Note the reference information regarding when to notify the ordering provider or Cardiologist (if on case) for prolonged QTc interval.

The screenshot shows the 'QTC Interval Documentation' form. The 'Document QTc Interval (in msec)' field contains the value '451'. A red arrow points to a red banner with the text: 'Notify ordering provider or Cardiologist (if on case) if: 1) QTc is (>) greater than 500 msec (0.5 seconds) OR 2) QRS duration is >120 msec (0.120 second) and QTc >550 msec (0.550 seconds)'. The form also includes a date field set to 04/16/2020 and an EDT time zone.

