

The prevalence of inappropriate use of hospital-based telemetry resources in non-ICU settings is 22% to 51% of monitored patients

Multiple studies have consistently found that a substantial proportion of telemetry use does not meet guideline-based indications.

The American Heart Association (AHA) has published practice standards for electrocardiographic monitoring, and studies evaluating adherence to these standards have found that **35% to 43% of patients on telemetry in non-ICU areas had no clinical indication for monitoring** according to AHA criteria. More recent studies have reported similar findings: a retrospective review found that **22.3% of patients were inappropriately assigned telemetry at admission**, and among those appropriately assigned, over half had telemetry continued beyond the recommended duration. Another study in an academic internal medicine ward found that **51% of patients lacked a guideline-specified indication for telemetry**.^[1-4]

These findings highlight persistent overuse of telemetry, with inappropriate use rates commonly in the **20–50%** range. The AHA and the Society of Hospital Medicine both emphasize the need for protocol-driven use and regular reassessment to reduce unnecessary monitoring and associated harms.^[1-4]

1. [Update to Practice Standards for Electrocardiographic Monitoring in Hospital Settings: A Scientific Statement From the American Heart Association.](#)

Sandau KE, Funk M, Auerbach A, et al. *Circulation*. 2017;136(19):e273-e344. doi:10.1161/CIR.0000000000000527.

2. [Eliminating Inappropriate Telemetry Monitoring: An Evidence-Based Implementation Guide.](#)

Yeow RY, Strohbehn GW, Kagan CM, et al. *JAMA Internal Medicine*. 2018;178(7):971-978. doi:10.1001/jamainternmed.2018.2409.

3. [Telemetry: Appropriateness of Initial Assignment and Duration in Nonintensive Setting.](#)

Chaudhary R, Kingsley T, Sarkar S, et al. *The American Journal of Managed Care*. 2020;26(11):459-460. doi:10.37765/ajmc.2020.88524.

4. [Telemetry Overuse and the Effect of Educational and Electronic Health Record-Based Interventions on an Academic Internal Medicine Ward.](#)

Caldwell P, Davies L, White M, Kelly PA, Orner J. *Southern Medical Journal*. 2021;114(9):572-576. doi:10.14423/SMJ.0000000000001291.