

## HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

<b>SUBJECT:</b> VI-110 CLINICAL ALARMS	<b>POLICY #:</b> 1147
	<b>VERSION:</b> 1
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<b>DATE APPROVED:</b> 06/28/2016	

**PURPOSE:** To establish guidelines for managing clinical alarms in the operation room and recovery areas during all phases of anesthesia/sedation and recovery. Clinical alarms can assist anesthesia providers and nursing staff in the identification of significant patient decompensation prior to, during and after the administration of anesthesia/sedation.

### **POLICY:**

All patient care equipment with alarms, including clinical and ventilatory alarms, must have the alarms activated with appropriate setting throughout all phases of anesthesia or sedation, including recovery.

### **PROCEDURE:**

1. Clinical and ventilatory alarms must be ON throughout all phases of anesthesia or sedation administration and recovery:
  - 1.1 Audible Alarms must always be utilized when using the following monitors:
    - a. Operating room and bedside vital signs monitors: heart rate, blood pressure and pulse oximetry
    - b. Capnography
    - c. Infusion pumps
    - d. Anesthesia machine
    - e. Electrosurgical equipment
    - f. Insufflation alarm
  - 1.2 Visual alarms may be utilized, in certain circumstances, by setting the alarm sound at its lowest level. This practice is recommended only if the audio alarm is distracting during the performance of a procedure and permitted on physiologic alarms only.
2. The alarms must be sufficiently audible with respect to distance and competing noise.

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- 3 Since the alarms are already set for all vital signs monitors, the user must review default alarm limits before each case.
- 4 Do not change the alarm limit and frequency unless ordered by physician.
- 5 Keep noise level in the operating room/PACU/POHA at a minimum to avoid competing with the alarms.
- 6 Alarms must not be suspended during administration of anesthesia/sedation.
- 7 Utilize the “Silence” mode to temporarily silence alarms that are occurring at that moment.
- 8 Monitor patients with vigilance at all times and check the patient first when alarm is heard. Do not assume that false alarm or equipment malfunction until patient’s condition is assessed and change in patient’s clinical condition is ruled-out.
- 9 Alarms that sound-off on any of above patient care equipment will be immediately investigated for cause and reported, if indicated.
- 10 Monitor mode should be changed if patient is a pediatric.
- 11 Regular preventative maintenance and testing of the alarm systems shall be implemented according to manufacturer’s recommendations and/or by the ASC policies and procedures.
- 12 Anesthesia and Nursing staff will be educated on clinical alarms during new employee orientation and when new equipment with an alarm system is purchased. Education includes suspending, silencing and resetting alarms and Monitor standby.

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