Department of Nursing
POLICY AND PROCEDURE

POLICY NUMBER: 249
VERSION: 1

SUBJECT: CLINICAL ALARMS

PURPOSE: To establish guidelines for managing clinical alarms in the ambulatory care setting. Clinical alarms can assist providers in the identification of significant patient decompensation during the patient visit.

POLICY: All patient care equipment with alarms, must have those alarms activated with appropriate settings anytime they are in use.

PROCEDURE:

1. Clinical alarms must be on at all times while in use for patient monitoring and care.

2. Audible Alarms must always be utilized when using the following monitors:
    a. Pulse Oximetry
    b. Infusion pumps
    c. Bedside cardiac monitors

3. 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 and the device is visible, and/or the licensed nurse is in attendance for the duration of the monitoring period. **This is only recommended if it is too distracting to the patient.**

4. Set alarm limits appropriately to receive reliable and meaningful notification.

5. The alarms must be sufficiently audible with respect to distance and competing noise.

6. Review default alarm limits before each case, and set those limits based on individual patient parameters.

7. Keep noise level in the surrounding environment to a minimum to avoid competing with the alarms.

8. Alarms must not be suspended during use for patient care.

9. Utilize the “Silence” mode to temporarily silence alarms that are occurring at that moment.

10. Minimize factors that can trigger a false alarm. (e.g., avoid putting pulse oximetry on areas with low blood flow or over dark nail polish).

11. Monitor patients with vigilance at all times and check the patient first when alarm is heard. Do not assume a false alarm or equipment malfunction until patient's condition is assessed and a change in patient's clinical condition is ruled-out.

12. Alarms that sound-off on any of the above patient care equipment will be immediately investigated for cause and reported, if indicated.

13. Regular preventative maintenance and testing of the alarm systems shall be implemented according to manufacturer's recommendations and/or by the HDHS policies and procedures.

REFERENCES:

2011 Summit on Clinical Alarms retrieved from www.aaml.org on April 4, 2014.

Approved By: Susan Knapp (CHIEF NURSING OFFICER I)	
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