JACKSONVILLE MEMORIAL HOSPITAL ADMINISTRATIVE POLICY MANUAL

POLICY NUMBER: 9000-097
DEPARTMENT: Administration
CATEGORY: General
SUBJECT: Alarm Safety Management
EFFECTIVE DATE: April 7, 2023
SUPERSEDES: March 16, 2022

POLICY:
All alarm systems incorporated into medical equipment and into patient monitoring and intervention systems are to be activated and audible whenever the equipment is in use.

Alarm limits are to be set within acceptable ranges based on the patient's condition to detect any significant change in patient condition or any abnormality in the operating condition of the equipment which will trigger an alarm.

PURPOSE:
To outline a process of ensuring that alarms on clinical monitoring and intervention systems are sufficiently audible to the health care worker so timely intervention can occur.

SPECIAL INSTRUCTIONS:
1. The Plant Engineering Department is responsible for the initial checks, preventative maintenance, and testing of medical equipment in the hospital.

2. Alarms on clinical monitoring and intervention systems will be maintained in the on position and will be sufficiently audible to staff. Clinical monitoring and intervention system includes bedside cardiac monitors, telemetry cardiac monitors, ventilators, and non-invasive ventilators, infusion pumps, bed exit or chair alarms, and fetal monitors.

3. When clinical alarms are annunciated, all staff should personally check the patient and evaluate the reason for the alarm prior to resetting it. The alarms may be silenced or suspended for the brief period of time only by the RN, LPN or anesthesia provider monitoring, evaluating, and/or treating the patient. Before turning attention away from the patient, the alarm must be reactivated.

4. Staff who are not directly responsible for managing clinical equipment will respond to any audible alarm and notify the staff caring for the patient or another qualified staff member.

5. Family members are instructed to contact the nursing staff when an alarm occurs and to not silence an alarm.

6. Alarms may be suspended while the patient is not connected to the equipment and will be activated when the equipment is placed on the patient.

7. Whenever possible, the volume level of the clinical alarms must be sufficiently audible with respect to distances and competing noises to be heard by the responsible clinicians in the immediate patient care areas. This may require the alarm volume be adjusted upward at certain times of the day based on the noise level and activity in the patient care area. Patients may be relocated within the patient care area based on the clinicians' assessment and need to respond rapidly to audible alarms.

8. Alarm parameters should be set consistent with the patient's clinical condition and in conjunction with procedures or tests being performed on the patient. The RN or anesthesia provider responsible for the care of the patient may adjust parameters based on individual patient factors and patient assessments.

9. Standard guidelines are to set the high and low clinical alarms at 20 points above and 20 points below the patient's baseline for heart rate, systolic and diastolic blood pressure.

10. SpO_2 parameters are to be set between 88-100 for adults and 90-100 for infants and children.

11. Alarm parameters for patients on telemetry may be individualized by the telemetry RN after patient assessment, each shift and with changes in condition.

12. Equipment with nonfunctional alarm setting, whether visual or audible, should be tagged as defective, removed from use, and sent to the Plant Engineering Department.

This policy has been reviewed and approved by:

Leanna Wynn, RN, MBA, MSN
Affiliate Vice President & Chief Nursing Officer

Revised: 4/12/2016
Reviewed: 4/28/2019
Reviewed: 3/16/2022
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