



Clinical Staff Executive Committee

MEDICAL CENTER POLICY NO. 0254

A. SUBJECT: Clinical Alarm Systems

B. EFFECTIVE DATE: April 1, 2012 (R)

C. POLICY:

To maximize the effectiveness of clinical systems for continuous monitoring of a patient's condition and ensure a timely clinical response, alarms in clinical areas shall be appropriately maintained and tested, correctly set to the patient's condition, and audible to care providers.

D. PROCEDURE:

1. The patient care equipment and alarms affected by this policy are specified in **Attachment A**.

2. Maintenance and Testing of Alarm Systems

a. Clinical Engineering & Biomedical Communications shall provide preventive maintenance and testing of alarm systems on Medical Center equipment according to Medical Center maintenance protocols.

b. Prior to utilizing the equipment, a clinician shall verify alarm operations. Equipment with non-functional alarms, whether visual or audible, shall be removed from service and returned to Clinical Engineering & Biomedical Communications for repair.

3. Appropriate Settings

a. Alarm settings generally shall be activated utilizing established default settings or specifically adjusted to the patient's condition based on clinical assessment. Alarm settings and audibility shall be assessed and documented as specified in **Attachment A**.

b. Preset default alarm parameters shall be changed upon written request and approval of the following committees or the Chief Medical Officer:

- Adult Acute Care Areas: Acute Care Subcommittee of Patient Care Committee
- Adult Critical Care Areas: Critical Care Subcommittee of Patient Care Committee
- Children's Hospital Areas: Children's Hospital Practice Committee

4. Alarm Audibility

a. Alarms shall be audible under the circumstances – including but not limited to distances and competing noise within the patient care area.

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SIGNATURE:

Robert Gibson

Robert S. Gibson, M.D., President Clinical Staff

R. Edward Howell

R. Edward Howell, CEO, UVA Medical Center

3/21/12

DATE:

Medical Center Policy No. 0254 (R)

Approved September 2003

Revised September 2005, December 2008, March 2012

Approved by Patient Care Committee

Approved by Clinical Staff Executive Committee

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Attachment A:
Patient Care Equipment Alarm Settings and Frequency of Audibility Assessment

TYPE OF EQUIPMENT	FREQUENCY OF AUDIBILITY ASSESSMENT
Nurse Call Bell	On Admission
Infusion Pumps (including PCA)	Before Use
Feeding Pumps	Before Use
Bed and Chair Exit Controls – when indicated/implemented by falls assessment	Before Use
Transport Monitors	Before Use
ICP Bolt Monitors	Before Use
WanderGuard ®	Before Use
Ventilators	Before Use and Every 12 ^o
Ventilator Heaters	Before Use
Bedside monitors (SPO2, NIBP, IBP, HR, EtCO2, RR)	Before Use and Every 12 ^o
Apnea Monitors	Before Use and Every 12 ^o
Infant Incubators/Warmers	Before Use and Every 12 ^o
Intra-aortic Balloon Devices	Before Use and Every 12 ^o
CRRT Units	Before Use and Every 12 ^o
Anesthesia Machines	Before Use and Every 12 ^o
Dialysis Units	Before Use and Every 12 ^o
Fetal Monitors	Before Use and Every 12 ^o
ECMO	Before Use and Every 12 ^o
Cardiopulmonary Bypass Perfusion	Before Use and Every 12 ^o
Central Monitoring Stations (Telemetry) – Central Alarms station alarm values should remain at \geq 70% volume level at all times.	Before Use and Every 24 ^o
Ventricular Assist Devices (VAD) volume alarms	Before Use and Every 24 ^o