MANAGING ALARMS/ALARM SAFETY

There are two important aspects to alarm configuration safety that relate to alarm management

1. Prevention of nuisance alarms which lead to alarm fatigue
2. Ensuring that alarms are successfully activated when a critical event occurs

Managing Alarms to Avoid Fatigue or Missed Critical Events (Common Issues)

1. Ensure that alarms are individualized for each patient. Use limits that are appropriate for a given patient *at that point in time*. This may include making a temporary adjustment to the alarms during a critical event (while the event is being treated), with realignment of the alarms once the patient has stabilized. This may help to reduce sensory overload.
2. Examine each alarm closely to determine the cause (don't blindly reset and hope it doesn't come back).   You can review previous alarms from the Central Station. Ask yourself if there is something that should be adjusted to prevent recurrence (e.g., broaden the limits or change the ECG leads)?
3. If a colleague is less "alarm sophisticated" than you, help them to troubleshoot. Pass along "lessons learned" or problems you couldn't resolve.
4. Get in the habit of eyeballing alarm limits for appropriateness each time you look at the monitor. Train yourself to recognize the visual prompt that identifies when an alarm has been disabled so that you spot it quickly.
5. Never disable an alarm without notifying/discussing with the bedside nurse. The nurse is accountable for monitor alarms.
6. If there is an appropriate reason to disable the alarm, the reason should always be documented (e.g. a positional arterial line). The monitor stores the alarm setting information, but not the reason for the setting.
7. ECG electrodes are the most common cause for nuisance alarms (see ECG Tips).. *One missing lead or poor lead contact can produce any or all of the following repetitive alarms:*
    a. Heart Rate
    b. Arrhythmia alarms
    c. Respiratory rate monitoring or detection issues
    d. QTC monitoring
    e. ST monitoring
8. Choose a primary ECG that is the most positive or negative (see ECG Tips).
9. Manage ST and arrhythmia alarms (see ECG Tips).
10. Customize arrhythmia alarms based on the patients existing rhythm, and the type of rhythm or ectope that would require an immediate alert (see ECG Tips).
11. Turn respiratory monitoring off if the patient is mechanically ventilated and/or has ETCO2 monitoring (which both give you a respiratory rate).
12. Troubleshoot respiratory monitoring alarms if in use (see Respiratory Monitoring).
13. Change the SpO2 probe if needed to optimize SpO2 detection.
14. If you are having difficulty troubleshooting an issue, ask for help. Maybe it is something we need to fix or there are others who also want to know how to resolve the issue.