# **Quick Look Procedure Resource for NON-CRITICAL CARE staff**

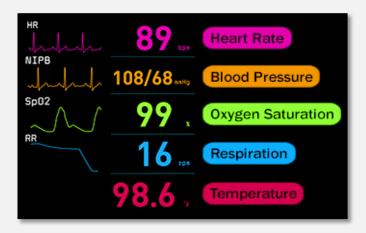
## Safe Alarm Setting in Critical Care Areas

#### WHEN TO PERFORM

1. Start of every shift, taking over another patient, and as necessary

#### **HOW TO PERFORM**

- Alarms are always ACTIVE and NEVER switched off
- Alarms must be set to a clearly audible level
- Safe alarm parameters might need adjusting to individual patients
- Set high and low parameters



Here is some example guidance for alarm setting

• Please be aware this is **a guide**; individual variations **MUST** be discussed with an ICU nurse

Alarm type	High Alarm	Low Alarm
Systolic BP	160 mmHg	90 mmHg
Heart rate	120 bpm	50 bpm
SpO2	-	92%
Mean arterial pressure (MAP)	100 mmHg	65 mmHg
Respiratory rate	30 breaths	8 breaths

### **NEVER** routinely silence or ignore an alarms

Alarms alert staff to changes in a patient's condition that require attention.
Silencing alarms should only be used when assessing the patient for cause of the alarm

### **KEY SAFETY CONCERNS/WHEN TO CALL FOR HELP**

- 1. **NEVER** silence an alarm unless you know what it means and can respond appropriately
- 2. Check alarms are active and clearly audible not only at start of shift but also when taking over a new patient
- 3. Call for help if an alarm sounds and you do not know how to respond
- 4. Discuss individual parameters with the nurse in charge
- 5. Always use the 'silence' option rather than 'pause' when responding to a non-emergency alarm