

# Quick Look Procedure Resource for NON-CRITICAL CARE staff

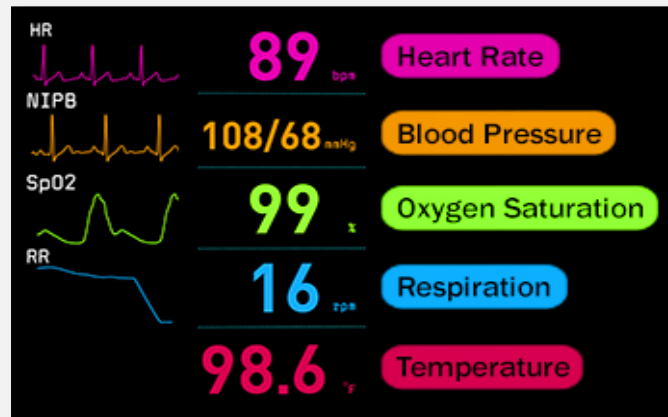
## Safe Alarm Setting in Critical Care Areas

### 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