

VITAL SIGNS MONITORING- RESPONDING TO ALARMS POLICY®

DOCUMENT SUMMARY/KEY POINTS

- This policy is applicable to all clinical staff of The Sydney Children's Hospital's Network (SCHN). In particular those in direct patient care positions must be familiar with all elements of this policy.
- A staff member must attend the patient and perform a physical assessment if a vital signs monitor alarms.
- To be read in conjunction with the following documents:
 - [Pulse Oximetry- CHW](#)
 - [Electrocardiographic \(ECG\) Monitoring- CHW](#)
 - [Pulse Oximetry Guidelines- SCH](#)
 - [Continuous ECG Monitoring- SCH](#)

CHANGE SUMMARY

- New document

READ ACKNOWLEDGEMENT

- All clinical staff working in direct patient care roles are required to read and acknowledge they understand the contents of this document.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st April 2015	Review Period: 3 Years
Team Leader:	Nurse Manager	Area/Dept: Dept of Medicine (CHW)

Purpose

The purpose of this document is to outline expectations of staff professional behaviour in relation to responding to a vital signs monitor that is alarming.

This policy is applicable to all forms of vital sign monitoring equipment including pulse oximetry and Electrocardiographic (ECG) monitoring.

Setting Monitor Alarm Parameters

Alarm parameters must be set appropriately for the individual patient's age and clinical condition consistent with Between the Flags, and must always be active (i.e. never turned off) and set to a loud audible level. Medically approved altered criteria should be considered when determining alarm limits.

If any alteration in the patient's condition occurs or if the documented parameters are not maintained then follow the CERS protocol:

- **At CHW:** <http://chw.schn.health.nsw.gov.au/o/documents/policies/procedures/2012-8013.pdf>
- **At SCH:** <http://chw.schn.health.nsw.gov.au/o/documents/policies/procedures/2013-7058.pdf>

If the monitor has the capacity enter the patient's details into the monitor (e.g. Phillips monitor) and discharge or end recording when patient moves bed or is discharged.

Responding to Monitor Alarms

Staff must always respond to alarms promptly. A physical assessment of the patient must be performed when the alarm is manually silenced by the staff member.

Remote monitor alarms typically placed at the Nurses' Station should only be silenced when a staff member is immediately going to review the patient.

If a monitor frequently alarms, critical thinking must occur to consider whether the patient is unstable, the alarm limits are not appropriate for the patient, the monitor is not placed correctly on the patient, the monitor is malfunctioning and whether the child clinically requires continuous monitoring (i.e. is stable or very mobile).

Appropriate action should then be taken in response to the clinical assessment findings e.g. a tier/rapid response call, set appropriate alarm limits, reapply monitor probes, etc.

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