“The alarms of equipment intended to protect patients have increased noise within the unit, the level of distraction and interruptions in the workflow, leading to a false sense of security” Bridi et al (2014).

Reference:

Bridi, A.C., Louro, T.Q. and Silva, R.C. (2014) Clinical Alarms in intensive care: implications of alarm fatigue for the safety of patients. Revista Latino-Americana de Enfermagem. 22(6), p.1034-40. .

Implications of alarm fatigue in the intensive care unit http://ctt.ec/1a86X+ @ivteam #ivteam

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Abstract:

OBJECTIVES: to identify the number of electro-medical pieces of equipment in a coronary care unit, characterize their types, and analyze implications for the safety of patients from the perspective of alarm fatigue.

METHOD: this quantitative, observational, descriptive, non-participatory study was conducted in a coronary care unit of a cardiology hospital with 170 beds.

RESULTS: a total of 426 alarms were recorded in 40 hours of observation: 227 were triggered by multi-parametric monitors and 199 were triggered by other equipment (infusion pumps, dialysis pumps, mechanical ventilators, and intra-aortic balloons); that is an average of 10.6 alarms per hour.

CONCLUSION: the results reinforce the importance of properly configuring physiological variables, the volume and parameters of alarms of multi-parametric monitors within the routine of intensive care units. The alarms of equipment intended to protect patients have increased noise within the unit, the level of distraction and interruptions in the workflow, leading to a false sense of security.

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