Alarm Fatigue: Do You Hear What I Hear?.

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Background

- Alarm fatigue, the lack of response due to excessive numbers of alarms resulting in sensory overload and desensitization, is a national problem (Cvach, 2012).
- According to the American Nurses Association (ANA) between January 2009 and June 2012, there were 98 reported alarm – related events with 80 resulting in patient deaths, 13 in permanent loss of function, and 5 requiring additional care (American Nurses Association, 2013).
- Personal experience on CICU and NSICU of inconsistent alarm reaction indicating possible alarm fatigue related to nuisance alarms and disease specific parameters.

Implementation

- Survey to RN’s on NSICU and CICU about alarm fatigue. Survey questions focus on response to alarms, does individualization occur, and awareness of alarm fatigue.
  - Less than half of respondents verify they never individualize alarms
  - Greater than 50% admitted they have ignored a critical alarm
  - RNs responded that they have witnessed harm due to lack of response to alarms

Evidence

- Excessive alarms cause desensitization allowing events to be ignored. (1, 2)
- Individualization of alarms ensures that alarms are valid as an early warning and are more likely to be acted upon. (1, 3)
- Alarms viewed as false-positive or nuisance are less likely to be acted upon. (1, 3)
- Cardiac monitor algorithms are intentionally set to high sensitivity. (1, 3)

Outcome

- Alarm Fatigue Survey of 41 RN’s
- How often do you verify to address your patient’s undesired alarm?
- Less than 20% responded they always verify

Conclusion/Next Steps

- Surveyed nurses admitted alarm fatigue
- Less than optimal response to alarms, including critical alarms
- RNs confirmed that education on how to set and individualize alarms would have impact on dismissal and response to all alarms
- Education related to how to set and refine alarms will be provided
  - TLC
  - Phillips training modules
  - Hands on demonstration/return demonstration

References: