# Clinical Alarm Audit

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Check the device type:**

 **IV Pump Alarm Telemetry/Cardiac Monitors**

 **Feeding Pumps Oximeter**

 **Bed Alarm (High Fall Risk) Bathroom Assistance Alarms**

 **Ventilator Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Rate compliance:**

|  |  |
| --- | --- |
| **Indicator** | **Compliance** |
| **100%** | **95-99%** | **85-94%** | **< 94%** |
| **Alarm tested during preventive maintenance** |  |  |  |  |
| **Alarm was activated or enabled** |  |  |  |  |
| **Alarm was audible** |  |  |  |  |
| **Alarm was set appropriately** |  |  |  |  |
| **Staff knew alarm limitations and proper operation**  |  |  |  |  |
| **Staff knew the hazards of defeating alarms** |  |  |  |  |
| **Staff responded appropriately to alarms** |  |  |  |  |

**3. Action plan for any compliance below 95%: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**