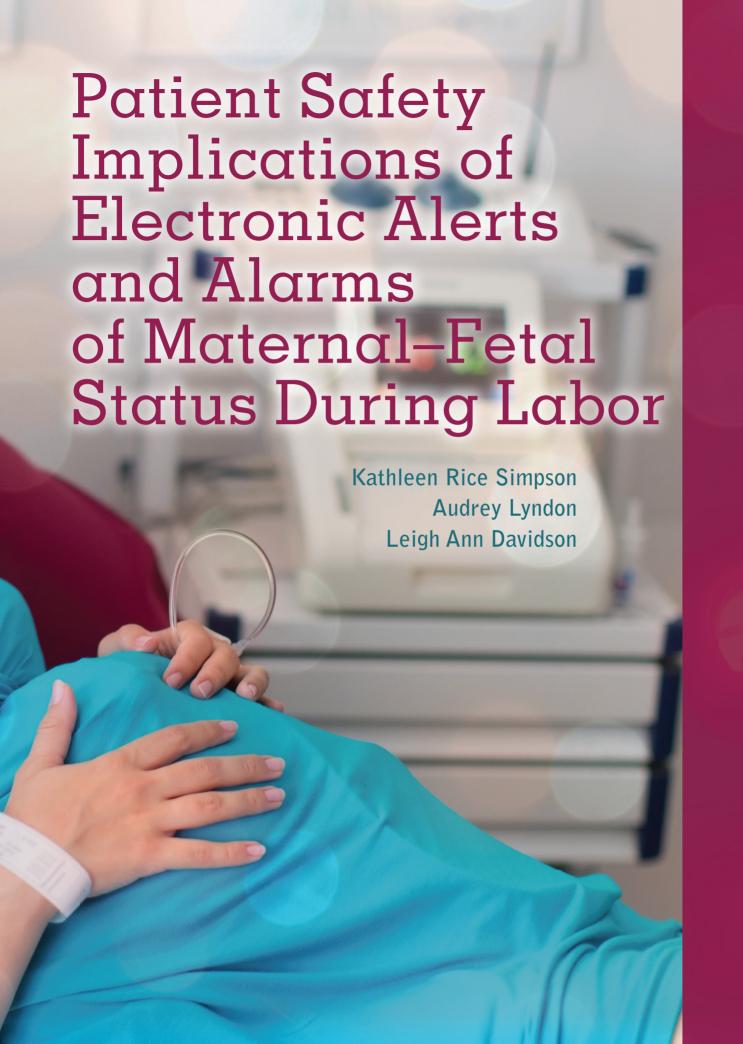


Nurses in inpatient maternity setting are bombarded with multiple electronic alerts, alarms, bells, and notifications in the work environment. These signals may be audible, visual, or both and are generated from equipment used for continuous electronic fetal monitoring (EFM), intravenous pumps, phones, call lights, and other devices such as infant security alarms and visitors presenting at the doors of locked units. Some of the alerts and alarms are displayed on the central monitoring system at the nurses' station, some are sent to the nurses' smartphones issued by the hospital, and others, such as intravenous pump signals, are set to be loud enough that nurses can hear them going off in patients' rooms when they are not able to be at the bedside. Based on all of the various signal sources and patient load, some clinicians may be exposed to as many as 1,000 alarms per shift, especially if all alerts and alarms are audible to all members of the team (Ruskin & Hueske-Kraus, 2015).

Abstract: When nurses care for women during labor, they encounter numerous alerts and alarms from electronic fetal monitors and their surveillance systems. Notifications of values of physiologic parameters for a woman and fetus that may be outside preset limits are generated via visual and audible cues. There is no standardization of these alert and alarm parameters among electronic fetal monitoring vendors in the United States, and there are no data supporting their sensitivity and specificity. Agreement among professional organizations about physiologic parameters for alerts and alarms commonly used during labor is lacking. It is unknown if labor nurses view the alerts and alarms as helpful or a nuisance. There is no evidence that they promote or hinder patient safety. This clinical issue warrants our attention as labor nurses. http://dx.doi.org/10.1016/j.nwh.2016.07.004

Keywords: alarm fatigue | electronic fetal monitoring | labor and birth | patient safety | perinatal nursing



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