

Monitoring Tool For Tracking and Reducing the Use of Alarms

Resident's Name	Reason For Alarm	Type of Alarm	Date of Review of Alarm Placement Documentation	Latest Date Battery was Changed	Date Alarm was Reviewed for Removal	MD/Family Notification	Care Plan Review Date	IDT Comments for Failed Alarm Reduction/Removal and Plan Going Forward

Date Completed: _____ Completed By: _____

Monitoring Tool For Tracking and Reducing the Use of Alarms

Monitoring tool for tracking and reducing the use of Alarms Instructions

This form should be completed weekly until all residents using alarms have been assessed for removal and/or until the facility is free from the use of alarms if possible.

1. Enter the resident's name
2. Enter the reason for the use of the alarm
3. Enter the type of alarm (s) currently being use by the resident
4. Enter the date the review of the documentation for placement of the resident's alarm was reviewed
5. Enter the latest date the battery was replaced in the resident's alarm
6. Enter the date the resident's alarm was review/ assessed for possible removal (discontinued)
7. Enter the date the MD/ family was notified of the results
8. Enter the date the care plan was reviewed for updates
9. Documents the IDT comments for failed alarm reduction and plans going forward