



# Posey®

# Alarm/Sensor Use Rounding Evaluation

Hospital Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Alarm Model:**     KeepSafe® Deluxe 8374     Sitter Elite® 8345

**Sensor:**     8309 Chair Sensor     8309EL Chair Sensor     8283 Bed Sensor     8332 Toilet Sensor

**Accessories:**     8282 Nurse Call Cable     8208 Extra Wall Bracket     8269 Bracket with Biothane Strap

**Unit:**    Number of Beds \_\_\_\_\_    Number of Alarms \_\_\_\_\_

1. All alarms in use?     Yes     No
2. Alarm in every room?     Yes     No
3. Alarms used for fall risk patients?     Yes     No
4. Sensors supplied to where they need to be on consistent basis?     Yes     No

If No, why not? \_\_\_\_\_

Who can resolve? \_\_\_\_\_

5. Sensors stored close to point of care?     Yes     No
6. Alarms working as they should?     Yes     No

If No, describe problem: \_\_\_\_\_

7. Batteries removed when alarms are taken out of service?     Yes     No
8. When the four batteries are removed from the alarm, are they kept together and not mixed with other batteries?     Yes     No
9. Sensors replaced with each new patient?     Yes     No
10. Sensors not used for longer than 30 days?     Yes     No
11. Staff has enough knowledge to operate alarms, sensors, and there is no need for re-training?     Yes     No
12. Nurse call cables properly attached to alarms?     Yes     No
13. AC adapter properly plugged into wall and receptacle of alarm?     Yes     No

**Additional Comments:**

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