



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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