Appendix 1: OptiLink Criteria at the time of the study in the PICU at The Children’s Hospital of Philadelphia

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| --- | --- |
| OptiLink Acuity Level | Criteria |
| Low Acuity Patients (~16% of the unit) | * Uncomplicated admission (i.e. VPS malfunction, PACU after phase 1)
* Stable awaiting discharge
* Drains/dressings: chest tube, VAC
* Stable acuity with telemetry monitoring
* Stable vital signs and assessment
* Pending transfer to lower levels of care
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| Average Acuity Patients (~66% of the unit) | * Art line/CVP, low dose vasopressor
* Bedside procedure (ex. CVL or chest tube placement)
* DKA patient with pH>7.0
* Dressing change with sedation
* ICP monitoring stable
* Intubated: stable vent settings
* Invasive hemodynamic monitoring with multiple lab draws (Q1/Q2)
* Peritoneal Dialysis or Hemodialysis
* Positive Airway Pressure
* Post op recovery (phase 1)
* Stable pulmonary hypertension
* Q1 hour assessments
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| High Acuity Patients (~16% of the unit)  | * Multiple bedside procedures per shift
* Blood products > 3 or more units per shift, exchange transfusion
* Complex dressing changes requiring sedation
* Continuous renal replacement therapy
* Fresh trach < 7 days
* ICP monitoring: unstable ICPs
* Multiple vasopressors
* Multi-system trauma patient with hemodynamic or respiratory instability
* Sepsis pathway initiation
* Unstable HFOV or VDR
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| Extreme Acuity Patients (~2-3% of unit) | * ECMO
* Admission or transfer of patient requiring multiple interventions
* OR procedure performed at bedside
* Organ donor patient
* Resuscitation
* Unstable shock
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Appendix 2: Safety Huddle Review Script and Bedside Rounding Review Script

*Part 1: To review with charge nurses prior to huddle:*

* Today’s high alarm patients are:
* Any new clinical concerns about these patients?

*Part 2: To be stated during safety huddle:*

* Rooms \_\_\_\_\_\_\_\_ have very high alarm rates despite being labeled by Optilink as low acuity.  Please review these patients on rounds.
* *Hand bedside alarm rounding review sheet to the bedside nurse.*

*Part 3: Alarm Bedside Rounding Review Tool*

* Room \_\_\_\_\_\_
	+ High alarms for

☐ SpO2 % low ☐ SpO2% high ☐ RR low ☐ RR high ☐ HR low ☐ HR high

* Are the monitoring parameters still appropriate?
* For the bedside nurse:
	+ What seems to be causing the alarms?
	+ Is the monitor functioning correctly?
	+ Are the alarms real or are they due to movement, sensor/lead position, or something else?
* For the provider team:
	+ What values would make us want to take action? (for example, increase oxygen for low SpO2)
	+ Should any of our settings be adjusted to reduce alarms that we all agree we wouldn’t intervene on?
	+ If we all agree to change the alarm, could you enter that order now and we will make the change on the bedside monitor?