



System Aims to Cut False Alarms

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14 May 2006. The high number of false alarms in neonatal units which waste valuable medical time could be significantly reduced with the new technology developed at the University.

The new system aims to establish why the majority of alarms - estimated to be as high as 94 per cent - can sound when nothing is clinically wrong.

Alarms in neonatal units are linked to monitoring probes but they can sound off when a baby moves or is being handled, for instance when changing a nappy, which creates interference or may dislodge wires.

The new system would potentially be able to link monitoring machines to a computer that keeps a constant record of any changes that may affect the baby's health.

It works out an 'X-factor' to understand whether the changes are clinically significant or whether they are, for instance, simply a result of a probe being dislodged. It also has the potential to indicate problems much sooner.

Professor McIntosh, who is also a clinical consultant neonatologist at the Simpson Centre for Reproductive Health, said:

"If a baby's heart rate drops to zero completely suddenly then you know that is because a monitoring wire has come off. It is physically impossible for a baby's heart rate to go instantly to zero - they always gradually slow down."

The technology was devised by Professor Chris Williams and his postgraduate student John Quinn in the University of Edinburgh's School of Informatics in conjunction with Professor McIntosh.

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