PA Safe Sleep Environmental Audit Tool

Unit (circle one) Postpartum, NICU, Other
RN Initials: _____ Room No. _____
Date: _____ (mm/dd/yyyy) Military Time: _____
Position of Birth Parent: Select One (N/A NICU)
☐ 1 = in bed
☐ 2 = In chair
☐ 3 = Ambulating
Activity of Birth Parent: Select One (N/A NICU)
☐ 1 = Holding infant
☐ 2 = Feeding infant
☐ 3 = Changing infant
☐ 4 = Sleeping
☐ 5 = Side lying with infant in bed
Deviations in Parental Safe Sleep Practices: Check all the Apply (N/A NICU)
☐ 0 = No unsafe circumstances noted
☐ 1 = Parent sleepy holding infant
☐ 2 = Parent asleep holding infant
☐ 3 = Parent asleep side-lying with infant
Corrective Actions for Parent: Indicate all that Apply in Priority Order
___ 1 = Alert Parent of unsafe circumstance
___ 2 = Protect baby
___ 3 = Reinforce teaching about safe sleep practices
Infant Position: Select One
☐ 1 = Birth parent's arms
☐ 2 = Supine and midline in crib
☐ 3 = Family member's arms
☐ 4 = Supine and not midline in crib
☐ 5 = Lying on stomach in crib
☐ 6 = Laying in Parent's bed
☐ 7 = Lying on side in crib
☐ 8 = Sitting device or swing
Activity of Infant: Select One
☐ 1 = Sleeping
☐ 2 = Awake
☐ 3 = Feeding
☐ 4 = Crying
In Infant Sleep Sack:
☐ 0 = No
☐ 1 = Yes
If No, Was One Available for Use?
☐ 0 = No
☐ 1 = Yes
Swaddled in Blanket
☐ 0 = Not swaddled
☐ 1 = Swaddled using a blanket with face/head and neck exposed
☐ 2 = Swaddled with blanket with face/head and/or neck covered
☐ 3 = Swaddled with blanket *too tightly or restrictive
(*Defined as unable to fit 2-3 fingers in the swaddle)

Head of Bed Flat
☐ 0 = No
☐ 1 = Yes
If No, Is There a Medical Indication with an Order?
☐ 0 = No
☐ 1 = Yes
Deviations in Infant Safe Sleep Practices: Check all that Apply
☐ 0 = No unsafe circumstances noted
☐ 1 = Infant in unsafe sleep position
☐ 2 = Crib contains unsafe items:
If checked, indicate all items noted:
Diapers
Diaper wipes container
Clothing
Pillow
Stuffed animals or other toys
Burp cloths
Extra loose blankets
Medical items such as suction bulb
not in use
Positioning devices
Other observations:
_____
_____

☐ 3 = Infant is covered with a blanket
☐ 4 = Infant is swaddled with blanket with face/head and/or neck covered and/or *too tightly or restrictive

Corrective Actions for Infant and Environment: Indicate all that Apply in Priority Order

_____ 0 = No corrective Actions

_____ 1 = Reposition infant for safe sleep

_____ 2 = Remove all clutter in crib

_____ 3 = Adjust head of bed in flat position

_____ 4 = Reapply blanket swaddle appropriately
_____ 5 = Reinforce safe sleep practices with Parent and/or family members
_____ 6 = Provide feedback to patient's primary nurse

Comments: Please write in any additional comments about unsafe sleep practices and corrective actions performed for Parent, Baby, the family or environment.

_____
_____
_____
_____