

NICU/ICN Environmental Audit for Safe Sleep

For Infants \geq 32 Weeks Corrected Gestational Age and Minimal (if any) Respiratory Support
(Can Include High Flow Nasal Cannula < 5 LPM)

1. Please select the current month.

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

2. Please enter the current year (yyyy). _____

3. Select nursing shift.

- 7AM-3PM
- 3PM-11PM
- 11PM-7AM

4. Is the infant in an open crib?

- Yes
- No

5. Corrected gestational age (completed weeks eg 33^{5/7}= 33)?

- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42+

6. Race per Electronic Medical Record (EMR) demographics.

- American Indian
- Asian/Pacific Islander
- Black
- Hispanic/Latino
- Unknown
- White

7. Preferred parental language (per EMR)? _____

8. Patient diagnoses (check all that apply)

- Acute respiratory failure
- Chronic respiratory failure
- Chronic lung disease
- NAS/NOWS
- Apnea of prematurity
- Reflux
- Immature feeding
- Plagiocephaly
- Hypotonia
- Other notable diagnoses
- None of the above

9. Current respiratory support

- Room air
- Nasal cannula
- High flow nasal cannula < 5 LPM

10. Is the therapeutic positioning/safe sleep crib card displayed on the crib?

- Yes
- No

11. Is the infant supine (on their back) and midline in the crib?

- Yes
- No

12. Is the crib free of loose items (plush animals, diapers, wipes, positioning devices, extra blankets, burp cloths)?

- Yes
- No

13. If no, please select all items found in crib.

- Stuffed animals
- Diapers
- Wipes
- Positioning devices
- Extra blankets
- Burp cloths
- Suction
- Other

14. Is the infant swaddled in a Sleep Sack or blanket wrapped no higher than the nipple line?

- Yes
- No

15. Please select the type of swaddle in use.

- Sleep Sack
- Blanket
- Not Swaddled

16. Is the head of the crib flat?

- Yes
- No

17. Is there a blanket over the head of the crib?

- Yes
- No

18. Are any deviations from safe sleep noted?

- Yes
- No

19. If yes, is there a medical indication?

- Yes
- No

20. If no medical indication, please select all that apply?

- Deviation discussed with primary nurse.
- Deviation discussed with parent/family.
- Deviation corrected.

21. Please enter any comments here. _____
