



PA Safe Sleep Program

Environmental Audit Tool

Unit Code _____

RN Initials: _____

Room No. _____

Date: _____ Example: 12/21/2016

Time of Day: _____

Position of Mother: Select One (N/A NICU)

1 = in bed

2 = In chair

3 = Ambulating

Activity of Mother: Select One (N/A NICU)

1 = Holding infant

2 = Breastfeeding infant

3 = Changing infant

4 = Sleeping

5 = Side lying with infant in bed

**Deviations in Mother Safe Sleep Practices:
Check all the Apply (N/A NICU)**

0 = No unsafe circumstances noted

1 = Mother sleepy holding infant

2 = Mother asleep holding infant

3 = Mother asleep side-lying with infant

**Corrective Actions for Mother: Indicate all
that Apply in Priority Order**

___ 1 = Alert Mother of unsafe
circumstance

___ 2 = Protect baby

___ 3 = Reinforce teaching about safe sleep

practices

Infant Position: Select One

1 = Mother'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 Mother's bed

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 Mother and/or family members

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