

## Hospital Safe Sleep Audit Form

(This form is to be used internally as a voluntary self-assessment of current safe sleep practices)

Please check the appropriate boxes and enter comments as necessary.

1 Name of hospital:

2 Location and Time of Audit:

Unit Name and Type:

Room Number:

Observer Name:

Date:

Time:

3 Age of Child:

Under 1 week old

1 - 2 weeks old

2 - 3 weeks old

3 - 4 weeks old

1 month old

2 months old

3 month old

4 months old

5 months old

6 months old

7 months old

8 months old

4 Is the child asleep during observation?

Yes

No

5 Location of Baby:

Bassinet

Couch/Recliner

Other (please specify):

Parents Arms

Swing/Bouncy Seat/Car Seat

6 Position of Baby:

Back

Side

Other (please specify):

Stomach

Held by Parent

7 Is there a physician's order for position other than the back?

(If yes please indicate medical concern below):

Yes

No

Medical indication for order:

8 Condition of Crib and Baby (please check all that apply):

Bassinet is bare

Pillow in bassinet

Bumpers in bassinet

Additional Comments:

Loose blankets in bassinet (e.g. patient not swaddled)

Loose toy in bassinet

9 Was a caregiver present and awake during audit?

Yes

No

10 Any Additional Comments?

