

Hospital Safe Sleep Audit Form

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:

<input type="checkbox"/> Under 1 week old	<input type="checkbox"/> 3 month old
<input type="checkbox"/> 1 - 2 weeks old	<input type="checkbox"/> 4 months old
<input type="checkbox"/> 2 - 3 weeks old	<input type="checkbox"/> 5 months old
<input type="checkbox"/> 3 - 4 weeks old	<input type="checkbox"/> 6 months old
<input type="checkbox"/> 1 month old	<input type="checkbox"/> 7 months old
<input type="checkbox"/> 2 months old	<input type="checkbox"/> 8 months old

4 Is the child asleep during observation?

Yes No

5 Location of Baby:

<input type="checkbox"/> Bassinet	<input type="checkbox"/> Parents Arms
<input type="checkbox"/> Couch/Recliner	<input type="checkbox"/> Swing/Bouncy Seat/Car Seat
<input type="checkbox"/> Other (please specify):	<input type="text"/>

6 Position of Baby:

<input type="checkbox"/> Back	<input type="checkbox"/> Stomach
<input type="checkbox"/> Side	<input type="checkbox"/> Held by Parent
<input type="checkbox"/> Other (please specify):	<input type="text"/>

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):

<input type="checkbox"/> Bassinet is bare	<input type="checkbox"/> Loose blankets in bassinet (e.g. patient not swaddled)
<input type="checkbox"/> Pillow in bassinet	<input type="checkbox"/> Loose toy in bassinet
<input type="checkbox"/> Bumpers in bassinet	
<input type="checkbox"/> Additional Comments:	<input type="text"/>

9 Was a caregiver present and awake during audit?

Yes No

10 Any Additional Comments?

