

1. Safe Sleep Audit Tool

*1. What month are you doing this audit?

- | | | |
|--------------------------------|------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> May | <input type="radio"/> September |
| <input type="radio"/> February | <input type="radio"/> June | <input type="radio"/> October |
| <input type="radio"/> March | <input type="radio"/> July | <input type="radio"/> November |
| <input type="radio"/> April | <input type="radio"/> August | <input type="radio"/> December |

*2. What unit is the baby on?

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> Center 3 NICU | <input type="checkbox"/> East 8 | <input type="checkbox"/> West 10 |
| <input type="checkbox"/> NPCU | <input type="checkbox"/> West 3 | <input type="checkbox"/> West 11 |
| <input type="checkbox"/> Center 7 | <input type="checkbox"/> West 4 | <input type="checkbox"/> Audited in OR or PACU |
| <input type="checkbox"/> Center 8/EMU | <input type="checkbox"/> West 5 | <input type="checkbox"/> Fox Valley NICU |
| <input type="checkbox"/> East 5 HOT | <input type="checkbox"/> West 9 | <input type="checkbox"/> Fox Valley Peds |

*3. How old is the baby (use their birthdate not gestational age)?

- | | |
|--|-----------------------------------|
| <input type="radio"/> less than 2 months | <input type="radio"/> 5-8 months |
| <input type="radio"/> 2-4 months | <input type="radio"/> 9-12 months |

*4. Is the baby sleeping in:

- | | |
|--------------------------------|--------------------------------------|
| <input type="radio"/> Bassinet | <input type="radio"/> Being held |
| <input type="radio"/> Crib | <input type="radio"/> Parent cot/bed |
| <input type="radio"/> Warmer | |

5. Is there a medical exception for sleeping on the back based on diagnosis or treatment?

- | | |
|--------------------------|---------------------------|
| <input type="radio"/> no | <input type="radio"/> yes |
|--------------------------|---------------------------|

if yes, list condition or diagnosis

6. What is the baby's sleep position?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> back(supine) | <input type="checkbox"/> abdomen(prone) |
| <input type="checkbox"/> side | |

7. Is the head of the bed flat?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> yes | <input type="radio"/> no |
|---------------------------|--------------------------|

***8. Are there any objects in the infant's sleep area during sleep?(Select all that apply)**

- no stuffed animals pillow
 wipes or diapers, or other care items. unsecured toys

Other (please specify)

***9. Are there any extra linens that are loose in the sleep area? (Select all that apply)**

- no burp cloth
 balloon blanket under the baby and not tucked in loose covering blankets

Other (please specify)

10. What is the baby wearing or is bundling used? (select all that apply.)

- bundled with blanket securely. fleece blanket or fleece sleep sack is used
 sleep sack hat
 pajamas/gown unable to see

Other (please specify)

11. Is a developmental device (frog,bendy bumper,etc) being used properly? They are not to be placed on top of babies or to hold a pacifier in the mouth. Skip this question if there is not one in use.

- yes
 no

Other (please specify improper use)

***12. Is this baby in a safe sleep environment?**

- yes not sure
 no

If not sure, what is your question?

13. Was feedback given to staff?

- yes
 no

14. What other questions do you have?

15. This was entered into Survey Monkey.

- yes
- no