Manual: Patient Care
☒ **Policy** ☒ **Procedure**

Section: Care of Patients **Number:**
Title: Safe Sleep Practices

<table>
<tr><td>Current Content Expert: Medical Unit Manager

Department Head: Director Nursing Acute Care</td><td><u>Committee Approval(s)</u> <u>Date(s)</u>
Clinical P&P Committee
Patient Safety Committee</td></tr>
<tr><td>Executive Management Team Member: Vice President Patient Care Services and CNO
☐ New
☒ Revised
☐ Reviewed (no changes)
Track: ☒A ☐C
Replaces:</td><td>Medical Executive Committee Approval Date:

Board of Directors Approval Date:

Effective Date:</td></tr>
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I. PURPOSE:

To define safe sleeping practices for patients hospitalized at CHOC to prevent suffocation or injury, consistent with the American Academy of Pediatrics (AAP) Safe Sleep Guidelines.

II. DEFINITIONS:

A. **Co-Bedding:** The sharing of a sleep surface during sleep.

B. **Sudden Unexpected Infant Death (SUID):** A term to describe any sudden and unexpected death, whether explained or unexplained (including sudden infant death syndrome), occurring during infancy.

III. POLICY:

A. This policy applies to all hospitalized patients. Each parent/guardian shall be made aware of CHOC's safe sleep practices (see Appendix A).

B. Co-Bedding is not practiced at CHOC. Parents and or other family members (including siblings) are not to sleep in the same crib/bed as patients less than 2 years of age due to the risk of suffocation and/or other injury due to crib/bed collapse.

C. In the event that the caretaker falls asleep while holding the patient, a CHOC associate will return the patient to the bed/crib immediately.

D. Patients who fall asleep outside of their crib/bed while in the care of a family member must be returned to their crib/bed whenever the caretaker intends to sleep.

E. Quick access to the patient must be maintained at all times. The ability of the healthcare team to reach, assess, and provide treatment to the hospitalized patient must not be impeded.

F. Side rails on the patient's crib and the patient is in the crib/bed, except when care is being delivered.

G. Patients will have a firm surface bed are to be kept in an appropriate, raised, latched position whenever mattress covered by a fitted sheet, unless contraindicated for maintenance of skin integrity.

H. Patients with a history of seizures shall have seizure pads securely attached to their crib/bed.

I. Any patient being cared for in a crib that is assessed to be at risk for falling out of the crib (due to activity) should be placed in a bubble top crib.

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Education on safe sleep practices will be provided to the caregiver upon admission, throughout the hospital stay, and if necessary, incorporated into the discharge planning.

1. Safe sleep documents available on PAWS Patient and Family Education (PFE):
   a. Safe Sleep Brochure
   b. Safe Sleep Practices

J. For any deviation in safe sleep practices (e.g., head of the bed elevated, specialized therapeutic positioning aids, etc.) the following will occur:

1. Provider will place order for deviation
2. Caregivers will be educated that these practices will only be used while in the hospital
3. Patient will transition to safe sleep positioning prior to being discharged home
   a. Refer to Appendix B for NICU Safe Sleep Qualifiers

IV. PROCEDURE:

A. Infants up to 1 Year of Age

Infants are to be placed on their back (supine) to sleep in a crib. The "back to sleep" position applies to all sleep times no matter when they occur, or how long they are anticipated to last.

1. Common Clinical Exceptions to the Supine Sleep Position Include:
   a. Symptomatic, pre-term infants with signs of respiratory distress
   b. Asymptomatic, very low birth weight neonates
   c. Infants with known or suspected airway obstruction
   d. Infants with severe gastro-esophageal reflux whose provider has ordered prone positioning
   e. Patients with birth defects for whom supine positioning would be contraindicated
2. When infants are able to freely roll over, they are to be put to sleep in the supine position but allowed to assume a preferred sleep position.
3. Soft materials, toys, and objects are to be kept out of infant sleep environments.
4. Additional criteria for infants in the NICU:
   a. Infants greater than 32 weeks will be assessed for back to sleep.
   b. Safe Sleep Qualifiers will be evaluated (see Appendix B).
   c. The Safe Sleep Algorithm will be used as criteria for transitioning to back to sleep (see Appendix C).
   d. For maintaining safe sleep during skin to skin, refer to NICU123: Skin-to-Skin Contact Kangaroo Care

B. Patients 1 to 2 Years of Age

Required to sleep in cribs until they are 2 years old.

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C. Patients 2 years or Older

1. May be placed in a bed.
2. If for behavioral, developmental, or medical reasons, a patient over 2 years of age is felt to be at risk by this placement, a bubble top crib may be used as long as the patient's size can be reasonably accommodated.

D. If the family is unable or declines to adhere to the safe sleep practices outlined in this policy, the bedside nurse will escalate the issue using the following chain of command:

1. The bedside nurse will first notify the charge nurse who will reinforce the importance of safe sleep practices with the family and then the manager/supervisor and the senior resident, if needed (who will also speak to the family).
2. If the family continues to refuse to comply, the manager/supervisor or the senior resident will notify the attending physician to speak to the family.
3. Should the family continue to refuse to comply with the safe sleep practices, at a minimum, a provider order for continuous monitoring via pulse oximetry must be obtained to ensure the patient's safety. The pulse oximeter audible tones must be on and continuously audible at the bedside.

E. All education will be documented in the electronic health record.

V. EVIDENCE-BASED REFERENCES/BIBLIOGRAPHY:

A. American Academy of Pediatrics (AAP) Safe Sleep Guidelines, October 2016.

B. American Academy of Pediatrics (2016). SIDS and other sleep-related infant deaths: Updates 2016 recommendations for a safe sleeping environment. *Pediatrics*, 138(5), e20162938. DOI: https://doi.org/10.1542/peds.2016-2938

C. Center for Disease Control and Prevention (CDC) (2012). Suffocation deaths associated with use of infant sleep positioners – United States, 1997-2011. Morbidity and Monthly Weekly Report, 61(46), 933-937.

D. Herman, S., Adkins, H., & Moon, R. Y. (2015). Knowledge and beliefs of African-American and American Indian parents and supporters about infant safe sleep. *Journal of Community Health*, 40(1), 12-19. doi 10.007/g10900-014-9886-y

E. Varghese, S, Gasalberti, D., Ahern, K., & Chang, J. C. (2015). An analysis of attitude toward infant sleep safety and SIDS risk reduction behavior among care givers of newborns and infants. *Journal of Perinatology*, 35(11), 970-793. doi: 10.1038/jp.2015.111

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Appendix A

For further information, please refer to the CHOC Children’s safe sleep practices patient and family education handout.
The patient’s nurse may approach the family in the following manner:

A. “Welcome! Since CHOC Children’s is a pediatric hospital we have some safe sleeping practices that I would like to review with you to ensure your child is not injured while sleeping. You may have a different practice at home, however, since your child is now ill, we need to be sure we can observe and access your child while he/she is in our care. Children who have not had their 2nd birthday are required to sleep in a crib with the side rails up and latched. Do you have any questions?

B. “If you begin to feel tired while holding your infant in a sleeper chair, please place your infant back into the crib with the side rails up. All infants under 1 yr of age shall be placed on their backs as recommended by the American Academy of Pediatrics. If you fall asleep we will help you by placing your baby back into the crib. Do you have any questions?”

C. “You have probably not been sleeping very well these past few nights and when you are finally able to rest, you may not be as aware of your baby lying next to you. This is another reason why it is important that the baby never be in bed with you while you are sleeping.

Appendix B

NICU Safe Sleep Qualifiers

I'm not ready for safe sleep	I'm working on safe sleep	I'm ready for safe sleep
Actively Cooling **Cardiac disorder** (unrepaired, symptomatic) **Chest tube** **CPAP** **Encephalocele** (not repaired) **Foley catheter** **Gastroschisis** (unrepaired) **Intubated** **Laryngeal cleft** **MDO** **Myelomeningocele** (not repaired) **Neonatal abstinence syndrome** (withdrawing) **NIPPV** **Omphalocele** (not repaired) **Phototherapy** **Pierre Robin** (not repaired) **Severe GER*** **TEF** (un/repaired with replogle in place) **UAC/UVC** **Vent dependent** **VP shunt** (newly placed)	**32 to 34 weeks gestation** (35 weeks for SBU) **Developmental positioning per PT/OT order** **HFNC** **Neonatal abstinence syndrome** (with stable Finnegan scores and/or weaning medication) **Post 1st Tracheostomy change**	**34 weeks or older gestation** (35 for SBU) **Cardiac disorder** (unrepaired/repaired and asymptomatic) **Encephalocele** (unrepaired/repaired, if tolerated) **Established tracheostomy** (going home soon) **Gastroschisis** **GER**$^{+}$ **Myelomeningocele** (healed over/repaired, neurosurgery approval for supine sleeping) **Nasal cannula** **Neonatal abstinence syndrome** (when no longer withdrawing or going home soon) **Omphalocele** (unrepaired/repaired, if tolerated) **Pierre Robin** (repaired) **Room air** **TEF** (repaired, no replogle in place) **VP shunt** (healed over)

*Must have MD order for reflux precautions, keep head of bed up at all times, utilize prone and left lateral positioning, do not place in swing or car seat for 20-30 minutes after feed as it increases severity of GER, if possible hold infant upright after feeds for 20-30 minutes

Red = patient is not ready for safe sleep, developmental positioning, use of positioners, froggies, blanket rolls, vibrators, and lovey dolls are permitted

Yellow = patient is preparing for safe sleep, remove excess items (snuggle-up, froggies, lovey doll, z-flo positioners, blanket rolls, vibrators) slowly from bed/crib/warmer as patient progresses to 34 weeks (35 for SBU), practice safe sleep as often as possible

Green = patient is ready for safe sleep, patient should spend the majority of or all time in safe sleep, no snuggle-up, z-flo pillows, lovey doll, froggies, toys, extra blankets, head of bed flat, limited use of swing

Safe Sleep Definition

1. Supine sleep position.
2. Crib must be flat.
3. Baby may be in a sleep sack, swaddled or un-swaddled (sleep sack is preferred).

4. No froggies, z-flo positioners, snuggle-up, dandle-roo, or vibrators.
5. No lovey dolls, toys, or stuffed animals in the bed (Mobiles and music boxes securely attached to the crib is acceptable).
6. No loose blankets may be placed over infant (a blanket tucked on 3 sides of the crib is acceptable).
7. No hats or loose clothing.
8. Pacifiers are acceptable as they have been shown to reduce the risk of SIDS.

[+]Infants with GER and no MD order should be in safe sleep, hold baby upright for 20-30 minutes after feed, if not possible to hold then keep head of bed elevated for duration of feed and 20-30 minutes after feed, then lower head of bed flat for safe sleep
*A PIV, PICC or Broviac does not disqualify a patient from safe sleep
** NGT or OGT does not disqualify a patient from safe sleep

Appendix C

NICU Safe Sleep Algorithm