

SAMPLE SAFE SLEEP AUDIT

Statement	Yes	No	Comments
Med Surg			
Loose bedding/extra blankets			
Hat			
Supine Position			
If not Supine is there a Dr. Order			
Objects in Bed			
Head of crib elevated			
Developmental products			
Infant swaddled no higher than axillary or shoulder level			
Please list in comments the # of days the patient has been admitted as well as if education on Safe Sleep has been started/documented			
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Additional Comments:			