NICU Safe Sleep Practice (SSP) Bedside Audit

Date: _____

Circle one: Day Shift Night Shift

Does this infant meet eligibility for safe sleep positioning? Yes No

If **NO**, reason for ineligibility, circle 1 or more : <1500 gms/<32 wks Not in crib Illness

If infant is **eligible** for SSP, circle one of the following:

Positioned supine (on back): Yes No

Flat position (head of bed not inclined up): Yes No

Crib is empty of positioning devices: Yes No

Crib is empty of soft objects such as dolls, fluffy blankets: Yes No

Is the infant compliant with SSP (answered "yes" to all of the above)? Yes No

For units interested in collecting specific process measures, examples include:

Is there a crib card taped to the crib/isolette/warmer? Yes No

Has sleep designation of infant been documented by RN? Yes No

Has sleep designation of infant been documented by MD? Yes No

Has education of the family about SSP been documented? Yes No