

Children's Heart Centre Safety Checklist

Full Name:

Address:

HCR.

Day															
Date															
Shift	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
ID Band on correct and legible															
Emergency equipment O2 & Suction Checks with appropriate size mask & catheters															
Ambubag with Filter															
Stethoscope															
Call Bell is activated															
Emergency Drug sheet completed/ Weight															
<ul style="list-style-type: none"> • IV lines flushed / patent • Care Bundle complete 															
<ul style="list-style-type: none"> • CVC / PICC / Broviac checked • Care Bundle complete • Dressing / Needle free device dressing is due 															
IV Infusions checked as per kardex / drug Library / weight															
Patient assessment complete and appropriate parameters set															
Infection / Isolation Status															
Weekly MDROs screen complete date next due															
Safe Environment maintained <ul style="list-style-type: none"> • Side rails up • Brakes on • Room clean • Door closed 															
Signature															
NMBI															

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