

Bedside Safety Checklist

Full Name:
 Address:
 HCR:..... *Addressograph*
 HCR No: DOB: __/__/__

| Date | | | | | | | | | | | | | | |
|--------------------------------------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|
| Shift | Day | Night | Day | Night | Day | Night | Day | Night | Day | Night | Day | Night | Day | Night |
| Name band | | | | | | | | | | | | | | |
| O2 <i>(working)</i> | | | | | | | | | | | | | | |
| Suction <i>(working)</i> | | | | | | | | | | | | | | |
| Ambu bag | | | | | | | | | | | | | | |
| Weight <i>(Date due)</i> | | | | | | | | | | | | | | |
| O2 Sats probe <i>(change)</i> | | | | | | | | | | | | | | |
| IVC check | | | | | | | | | | | | | | |
| Isolation Sign <i>(if needed)</i> | | | | | | | | | | | | | | |
| Room tidy | | | | | | | | | | | | | | |
| CVC/PICC <i>(dressing due)</i> | | | | | | | | | | | | | | |
| MRSA <i>(weekly screen due)</i> | | | | | | | | | | | | | | |
| Change of dressing due | | | | | | | | | | | | | | |
| Nurse Signature | | | | | | | | | | | | | | |