

Patient Safety & Positioning

Patient Safety & Positioning

Present At Bedside	
Present At Bedside	<input type="checkbox"/> Family <input type="checkbox"/> Physician <input type="checkbox"/> Chaplain <input type="checkbox"/> Friends <input type="checkbox"/> Staff Member <input type="checkbox"/> Other
Others Present At Bedside	<input style="width: 100%;" type="text"/>
Safety Attendant/Security Guard At Bedside	<input type="radio"/> Yes If Yes, Document Education Provided Below
Safety Attendant/Security Guard Education Provided	<input type="checkbox"/> Access to Belongings <input type="checkbox"/> Elopment Prevention Steps <input type="checkbox"/> Remain Between Pt & Exit <input type="checkbox"/> Code Activation <input type="checkbox"/> Obtaining Assistance <input type="checkbox"/> Remain In Room All Times <input type="checkbox"/> Code Elopement <input type="checkbox"/> Notify RN Of Any Changes <input type="checkbox"/> Visitor Access <input type="checkbox"/> Continous Visual Obs <input type="checkbox"/> Reason For Observation
Reason For Observation: Patient Is A Danger To Self, A Danger To Others To Others Or Is At Risk For Elopment. Elopment Prevention: Take Appropriate Action To Stop Patient From Leaving The Room Or Try And Talk Them Out Of Leaving. Activate Code If Needed To Obtain Extra Assistance.	
Patient Safety Precautions	
Safety Precautions	<input type="checkbox"/> Bed Alarm On <input type="checkbox"/> Call/Assistance Education <input type="checkbox"/> Gap Pads <input type="checkbox"/> Bed In Low Position <input type="checkbox"/> Chair Alarm On <input type="checkbox"/> Seizure Pads <input type="checkbox"/> Brakes Locked <input type="checkbox"/> Door Open <input type="checkbox"/> Wires/Cords/SharpsRemoved <input type="checkbox"/> Call Light Within Reach <input type="checkbox"/> Floors Clean Of Obstacles <input type="checkbox"/> Other (See Comment)
Wristbands Checked	<input type="checkbox"/> Allergy <input type="checkbox"/> Fall <input type="checkbox"/> LEP <input type="checkbox"/> Blood <input type="checkbox"/> ID Band <input type="checkbox"/> Limb Restriction <input type="checkbox"/> Code Status <input type="checkbox"/> Isolation Band
Other Wristbands Checked	<input style="width: 100%;" type="text"/>
Side Rails Up	<input type="radio"/> x3 <input type="radio"/> x2 <input type="radio"/> x1 <input type="radio"/> x4 Patient Safety <input type="radio"/> Refused
Side rails up for patient safety to protect patient from harm: Pt on seizure precautions, sedated patient, patient exhibiting involuntary movements, patient on therapeutic bed, patient with vest restraint -concomitant use of gap pads required	
Safety Comment	<input style="width: 100%;" type="text"/>
Patient Care Precautions	
Patient Care Precautions	<input type="checkbox"/> Aspiration <input type="checkbox"/> Latex <input type="checkbox"/> Restraints <input type="checkbox"/> Chemotherapy <input type="checkbox"/> NO Blood Draw Left Arm <input type="checkbox"/> Seizure <input type="checkbox"/> Electrical <input type="checkbox"/> NO Blood Draw Right Arm <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> NO BP Left Arm <input type="checkbox"/> Sternal <input type="checkbox"/> Hip <input type="checkbox"/> NO BP Right Arm <input type="checkbox"/> Suicide <input type="checkbox"/> Immobilizer <input type="checkbox"/> Radiation <input type="checkbox"/> Weight Bearing
Patient Care Precautions Comment	<input style="width: 100%;" type="text"/>

RN Print Name: _____
 RN Signature: _____
 Date/Time: _____

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Patient Positioning/ Turning																			
Has Patient Been Turned Every 2 Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient refused to turn <input type="checkbox"/> Turning education given																		
Patient Positioning/ Turning	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Turns Self</td> <td><input type="checkbox"/> HOB Flat</td> <td><input type="checkbox"/> Sitting In Chair</td> </tr> <tr> <td><input type="checkbox"/> Supine</td> <td><input type="checkbox"/> HOB 30 Degrees</td> <td><input type="checkbox"/> Sitting On Side Of Bed</td> </tr> <tr> <td><input type="checkbox"/> Prone</td> <td><input type="checkbox"/> HOB 45 Degrees</td> <td><input type="checkbox"/> Sitting In WheelChair</td> </tr> <tr> <td><input type="checkbox"/> Lying Left Side</td> <td><input type="checkbox"/> Trendelenberg</td> <td><input type="checkbox"/> Semi Fowlers</td> </tr> <tr> <td><input type="checkbox"/> Lying Right Side</td> <td><input type="checkbox"/> Trendelenberg Reverse</td> <td><input type="checkbox"/> High Fowlers</td> </tr> <tr> <td><input type="checkbox"/> Extremities Elevated</td> <td><input type="checkbox"/> In Arms</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Turns Self	<input type="checkbox"/> HOB Flat	<input type="checkbox"/> Sitting In Chair	<input type="checkbox"/> Supine	<input type="checkbox"/> HOB 30 Degrees	<input type="checkbox"/> Sitting On Side Of Bed	<input type="checkbox"/> Prone	<input type="checkbox"/> HOB 45 Degrees	<input type="checkbox"/> Sitting In WheelChair	<input type="checkbox"/> Lying Left Side	<input type="checkbox"/> Trendelenberg	<input type="checkbox"/> Semi Fowlers	<input type="checkbox"/> Lying Right Side	<input type="checkbox"/> Trendelenberg Reverse	<input type="checkbox"/> High Fowlers	<input type="checkbox"/> Extremities Elevated	<input type="checkbox"/> In Arms	<input type="checkbox"/> Other
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Other Patient Position	<input style="width: 100%;" type="text"/>																		
Pressure Reducing Methods	<input type="checkbox"/> Float Heels <input type="checkbox"/> Foot Positioning Boot <input type="checkbox"/> Press Relief ChairCushion <input type="checkbox"/> Foot Cradle <input type="checkbox"/> Overhead Frame/Trapeze <input type="checkbox"/> Protective Boots <input type="checkbox"/> Foot/Heel Support <input type="checkbox"/> Pillow/Wedge																		
Patient Activity & Safe Handling																			
Safe Patient Handling Mobility Level	<input type="radio"/> Independent <input type="radio"/> Dependent <input type="radio"/> Partial Assistance <input type="radio"/> N/A-Pt Wt Less Than 16 Kg - Independent: Patient performs tasks safely without physical assistance from staff. - Partial Assistance: Patient requires no more help than standby or cueing. Caregiver is required to lift no more than 35 lbs of patient's weight. - Dependent: Caregiver is required to lift more than 35 lbs of patient's weight. Patient is unpredictable in the amount of assistance offered.																		
Patient Activity Level	<input type="radio"/> Ambulate As Tol <input type="radio"/> Bedrest W BRP <input type="radio"/> Toe Touch Wt Bearing LLE <input type="radio"/> Ambulate W/Assistance <input type="radio"/> Dangle <input type="radio"/> Toe Touch Wt Bearing RLE <input type="radio"/> Ambulate W/Device <input type="radio"/> Non-Wt Bearing LLE <input type="radio"/> Wt Bearing As Tol LLE <input type="radio"/> Bedrest <input type="radio"/> Non-Wt Bearing RLE <input type="radio"/> Wt Bearing As Tol RLE																		
Patient Activity (No Ambulate)	<input type="checkbox"/> Assisted To <input type="checkbox"/> Chair <input type="checkbox"/> Resting In Bed <input type="checkbox"/> Bathroom Privileges <input type="checkbox"/> Dangle <input type="checkbox"/> Stand <input type="checkbox"/> Bedrest <input type="checkbox"/> Independent <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedside Commode <input type="checkbox"/> Refused Document Ambulation on Ambulation Assessment																		
Safe Patient Handling Equipment	<input type="checkbox"/> Air Transfer System <input type="checkbox"/> Hydraulic Sling Lift <input type="checkbox"/> Sliding Sheet <input type="checkbox"/> Ceiling Lift <input type="checkbox"/> Portable Lift <input type="checkbox"/> Stand Assist Device <input type="checkbox"/> Gait Belt																		
Position/Activity Comments	<input style="width: 100%; height: 40px;" type="text"/>																		
Pulmonary																			
Incentive Spirometer	<input type="checkbox"/> Instructed <input type="checkbox"/> Observed <input type="checkbox"/> Refused																		
Incentive Spirometry Volume Amount	<input style="width: 100%;" type="text"/> (ml)																		
Turn, Cough, Deep Breathing Encouraged	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 100%;" type="text"/>																		

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