Patient Safety Checklist

 Oxygenation Monitoring During In-Hospital Transport For Neonates and Infants

Patient Name:_________________________________________________________    Date:________________
Pt.floor/Rm #:______________   Destination: ______________________________     Time:__________ AM/PM

PATIENT READINESS FOR TRANSPORT

- Respiratory Rate: ___________ Heart Rate: ___________
- Observed SpO2 level at outset: _____________________ %
- Target SpO2 range ___________
  < 32 wks GA SpO2 range 85–92%
  33–38 wks GA SpO2 range 86–94%
  > 38 wks GA SpO2 range 92–97%
- If applicable, supplemental oxygen @ ______ L/min (FiO2 @_______) via:
  - Nasal cannula
  - Incubator
  - Oxyhood
- Breathing pattern:
  - Regular
  - Irregular
  - Shallow
  - Rapid
- Retractions:  Yes  No
- Nasal Flaring:  Yes  No
- Color:  Pink
  - Pale
  - Dusky
  - Cyanotic

MONITORING EQUIPMENT – DEVICE READINESS

- Alarm parameters
  - Low SpO2 alarm set @ ______ %
  - High SpO2 alarm set @ ______ %
- Pulse Oximeter:
  - Monitor, sensor and connecting cables in good physical condition
  - All controls operate as intended
  - All audio and visual alarms functional
- Battery charge:
  - Full
  - 75%
  - 50%
  - ≤ 50%
- Sensor placement: Circle location
  - Earlobe:  right  left
  - Forehead
  - Other: ______________________
  - Sensor is attached to patient and secured for transport

References
