

Interventions		
GEN Bedside Shift Rep...		✓
Assessments		
Bedside Shift Report		✓
Checklist		
Bedside shift report consent received	<input checked="" type="radio"/> Yes <input type="radio"/> Yes - when awake only <input type="radio"/> No	
Bedside shift report completed	<input type="radio"/> at bedside <input type="radio"/> outside room- pt sleeping <input type="radio"/> outside room- pt declined	
Bedside visual safety checks completed	<div><input type="checkbox"/> identification band <input type="checkbox"/> O2 available & working <input type="checkbox"/> call bell within reach</div> <div><input type="checkbox"/> alert bands (e.g. allergy, falls) <input type="checkbox"/> Suction available & working <input type="checkbox"/> whiteboard updated</div> <div><input type="checkbox"/> IV check (site, solution, infusion rate) <input type="checkbox"/> bed safety (brakes on, siderails up as appropriate)</div>	
Comment		