PATIENTS SAFETY CHECKLIST

Rounding attending   : _____   Rounding time   : _____ : _____ AM / PM

Residents

Name_____ Clinic: Yes ☐   No ☐   If yes, AM ☐   PM ☐

Name_____ Clinic: Yes ☐   No ☐   If yes, AM ☐   PM ☐

Name_____ Clinic: Yes ☐   No ☐   If yes, AM ☐   PM ☐

Name_____ Clinic: Yes ☐   No ☐   If yes, AM ☐   PM ☐

Name_____ Clinic: Yes ☐   No ☐   If yes, AM ☐   PM ☐

Name_____ Clinic: Yes ☐   No ☐   If yes, AM ☐   PM ☐

Red Zone Patients

Code 99 in the past 12 hours   : Yes ☐   No ☐   If yes, outcome   ☐   Floor/Critical care ☐

MET codes in the past 12 hours: Yes ☐   No ☐   If yes, reason for codes ☐   Floor/Critical care ☐

DNR/DNI status   : Yes ☐   No ☐   If yes, Room numbers ☐

Unstable patients   : Yes ☐   No ☐   If yes, please fill out the list

Full Name	Room #	Problems	Plan

Patients with hypoglycemia in last 12 hours : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐

Patients receiving anticoagulation   : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   PT/PTT/INR ☐

Patients receiving electrolyte replacement : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Lytes result ☐

Patients with drug related complications   : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Plans

☐

Patients with iatrogenic complications   : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Plans   ☐

Patients on respiratory isolation   : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   AFB#   ☐

Patients on contact isolation   : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Last culture ☐

Duplicate name patients   : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐

Pregnancy test for women   : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Results ☐

PROCEDURES/TESTS

Patients scheduled for CT scan   : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Indications ☐

Patients scheduled for MRI   : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Indications ☐

Patients scheduled for nuclear scan   : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Indications ☐

Patients scheduled for GI procedures : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Indications ☐

Patients scheduled for Cardiology tests: Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Indications ☐

Patients scheduled for Pulmonary tests: Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Indications ☐

Patients scheduled for surgery   : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Indications ☐

Patients scheduled for arthrocentesis : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Left/Right ☐

Patients scheduled for thoracentesis : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Left/Right ☐

Patients scheduled for IJ line   : Yes ☐   No ☐   If yes, Names ☐   Rooms # ☐   Left/Right ☐

HANDWASHING   **Yes** ☐   **No** ☐

Nursing: **SW/UCM:**