WAHT-KD-015 Neonatal Key Documents

Please attach patient sticker here or record:	
Name:	
D.O.B:	
Male 🗌 Female 🗌	
Consultant:	

Please file this in the patient notes

COT SPACE CHECKLIST

To be completed by nursing staff preparing the cot space after discharge on the NNU. The completed form is to be placed on the patient's trolley as confirmation that the cot space was adequately prepared. Please leave the form on the cot until new patient admitted.

Please file this in the patient notes	
ACTION REQUIRED	Comments
CHECK O2 WORKING	
Remove air-portifnot required, place cap in outlet	
and perform tug-test on oxygen flow meters.	
CHECK COT SPACE EQUIPMENT IN PLACE: All	
cleaned and labelled with green I am clean label	
Cot side trolley cleaned and stocked -as per	
checklist	
Bag and mask/neopuff,	
green tubing, silicone masks x2	
Suction catheters (small selection of sizes)	
Suitable monitoring equipment	
IV infusion pumps	
SUCTION EQUIPMENT CLEAN, WORKING AND	
COMPLETE (All labelled with green 'I am clean)	
Clear tubing	
Yellow tubing	
Canister	
Unused Canister insert	
Check filter for any colour change	
INCUBATOR AND MATTRESS CLEAN AND FIT FOR	
<u>USE:</u>	
Check exterior for damage which affects its	
integrity	
Check exterior mattress cover for excessive	
staining if removable cover check interior	
Clean mattress top and bottom as per Trust	
Isolation Policy.	
Dry mattress thoroughly	
If mattress and incubator are clean and fit	
for use then complete GREEN	
decontamination label and place inside	
incubator on top of bedding	
COT AREA:	
All rubbish and debris removed, all stains cleaned	
from area	
Clean and restock cot side trolley as per checklist	
PATIENT FOLDER	
Clean, check for damage, replace if damaged.	
Complete with admission documentation	

This is a mandatory form to be completed every time a cot space is cleaned.

Signature of Nurse responsible:.....Date:.....Date:.....

Name of Nurse responsible:.....