Safety Volunteer Check List: Visiting all patients with triangles

Date:
Time:
Name of person rounding:
Unit:
Who was this form **reviewed** with? (circle one) Nurse Manager Resource nurse Other_____

					Questions pertaining to bed				Questions pertaining in chair		
Room # Bed #	Name of care team RN PCA	Is Green bracelet on?	Are personal items within reach?	Is call bell in reach?	Is bed alarm on?	Red-red cable?	Circled cable plugged in?	Bed plugged into red outlet?	If in chair… use of wrap-around or seat belt?	If in chair… Is the chair alarm on?	If chair alarm is on, is it plugged into the wall?

Equipment issues:

Other comments:

Source: Hartford (CT) Hospital.