T.E.A.M. Safety Huddle 

# Team

***Date: Shift:***

|  |
| --- |
| Nurses: Students:Ward Clerk: Orienting:CNAs:  |

# Environment

***Census: Pending Admits:***

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| --- | --- |
| **Date of…**Last Fall:\_\_\_\_\_\_\_Med Error:\_\_\_\_\_\_Foley Catheters\_\_\_\_\_\_\_\_\_\_\_\_\_\_Labeled Central Lines\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **List room number for all that apply:**Lift Patients\_\_\_\_\_\_\_Fall Risk\_\_\_\_\_\_\_\_ Bed Alarm/Chair Alarm\_\_\_\_\_\_\_\_ High Acuity\_\_\_\_\_\_\_ DNR\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1:1 Feeders\_\_\_\_\_\_\_ Preferred Room\_\_\_\_\_\_\_\_\_\_1:1 Sitters\_\_\_\_\_\_\_ Combative\_\_\_\_\_\_\_\_\_\_**Isolation**Contact\_\_\_\_\_\_\_\_\_ Droplet\_\_\_\_\_\_\_\_\_ Airborne\_\_\_\_\_\_\_\_\_  |

# Advocate

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| --- |
| Hospice\_\_\_\_\_\_\_\_\_\_\_ Readmissions\_\_\_\_\_\_\_\_\_\_\_\_ Patients/families in need of extra support/education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Potential discharges\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vaccine eForm completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# *Motivate*

Safety Concerns or Events\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Crash Cart Check Completed