T.E.A.M. Safety Huddle 

# Team

***Date: Shift:***

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| --- |
| 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