Patient Safety Checklist

Patient information	
Name:	**Medical ID:**
Date of admission:	**Hospital unit:**
Admitting physician:	**Attending nurse(s):**
Checklist date:	

Category: Identification

Item	Completed	Completed by	Date & time
Patient wears identification wristband			
Patient's identification matches medical records			
Patient's allergies are documented			

Category: Communication

Item	Completed	Completed by	Date & time
Patient understands treatment plan and has provided informed consent			
Language interpreter has been provided if needed			
Patient has been provided a call bell and knows how to use it			

Category: Fall prevention

Item	Completed	Completed by	Date & time
Bed rails are raised if necessary			
Adequate lighting in patient's room			
Nonslip footwear provided if necessary			

Category: Infection control

Item	Completed	Completed by	Date & time
Hand hygiene has been practiced by all attending staff			
Isolation precautions have been adhered to (if applicable)			
Proper disposal of infectious waste			

Category: Medication safety

Item	Completed	Completed by	Date & time
Medication reconciliation completed upon admission			
Medication administration double-checked			
Patient education on medications provided			

Category: Procedure safety

Item	Completed	Completed by	Date & time
Surgical site marked before procedure			
Patient has been informed of risks. Consent obtained and documented for all procedures			
Time-out performed before surgical procedure			

Category: Equipment safety

Item	Completed	Completed by	Date & time
Equipment alarms functioning properly			
Equipment properly maintained and sanitized			
Patient monitoring equipment calibrated			

Category: Discharge planning

Item	Completed	Completed by	Date & time
Discharge instructions provided to patient and family			
Follow-up appointments scheduled			
Home care arrangements made if necessary			
Patient meets discharge requirement under policy			

Category: Other/unit specific

Item	Completed	Completed by	Date & time

Item	Completed	Completed by	Date & time

Notes