Patient Safety Checklist

Patient Name:

Patient ID:

Date of Admission:

Admitting Physician:

Assigned Nurse:

Hospital Unit:

| Safety Category | Checklist Item | Checked By | Completed |
|-------------------|--|------------|-----------|
| Identification | Patient wears identification wristband | | |
| | Patient's identification matches medical records | | |
| | Patient's allergies are documented | | |
| Communication | Patient understands treatment plan | | |
| | Language interpreter provided if needed | | |
| | Patient provided with call bell and knows how to use it | | |
| Fall Prevention | Bed rails are raised if patient is at risk of falls | | |
| | Adequate lighting in patient's room | | |
| | Nonslip footwear provided if necessary | | |
| Infection Control | Hand hygiene practiced by healthcare staff | | |
| | Isolation precautions followed if necessary | | |
| | Proper disposal of infectious waste | | |

| Medication Safety | Medication reconciliation completed upon admission | |
|-----------------------|---|--|
| | Medication administration double-checked | |
| | Patient education on medications provided | |
| Procedure Safety | Surgical site marked before procedure | |
| | Patient consent obtained for procedures | |
| | Time-out performed before surgical procedure | |
| Equipment Safety | Equipment alarms functioning properly | |
| | Equipment properly maintained and sanitized | |
| | Patient monitoring equipment calibrated | |
| Discharge Planning | Discharge instructions provided to patient and family | |
| | Follow-up appointments scheduled | |
| | Home care arrangements made if necessary | |

Note: