Improving Safe Sleep in Pediatric Acute Care Medicine
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INTRODUCTION

The United States has decreased its Sudden Unexpected Infant Deaths or SUIDs by 50% in the past 20 years due to impressive efforts by public health campaigns and the healthcare community. Despite this significant decrease, SUIDs remains the largest reason for infant deaths younger than 12 months of age. Decreasing the SUID rate involves awareness and action by caregivers, including all members of the healthcare team. Nurses play a vital role in caregiver education and role modeling safe sleep to the families. Providing staff with tools and education to spread the safe sleep message is imperative in preventing sudden unexpected infant deaths.

**Goals**
- Increase safe sleep compliance in PMAC by 25%

**Tools**
- Bedside audits were developed to determine baseline compliance and evaluate success
- Staff survey developed to establish barriers to compliance
- Crib sign created
- Safe Sleep Information Form for caregivers
- Safe Sleep Educational Flipchart from TN Dept of Health

**KEY LESSONS LEARNED**
- Continued updates with staff on audit results to help hardwire implementation of safe sleep practices.
- Communication and networking within the hospital is important to create a uniform safe sleep standard of care.
- Created processes for staff to teach safe sleep information to parents and caregivers.

**FUTURE of the INITIATIVE**
- Continue to perform and monitor audits to evaluate success
- Future plans include sharing information and tools with other units to promote a safe sleep culture

APPROACH

**SAFE SLEEP CRIB SIGN**

**I am a Safe Sleeper!**

I follow the ABC’s of Safe Sleep:

**A**
- Alone
  - No loose blankets or clothing
  - No hat
  - No toys in crib
  - No equipment that isn’t needed in crib
  - No smocking

**B**
- Back
  - Baby sleeps on back
  - Mattress is flat

**C**
- Crib
  - Baby sleeps in crib

**I have a Safe Sleep Order**

My doctor changed my ABC’s of Safe Sleep:

**A**
- Alone
  - No loose blankets or clothing, no hat, no toys, no equipment that isn’t needed, no swaddling or
  - May use small cloth in crib
  - May swaddle, arm inside blanket or sleep sack
  - May wear someone’s clothes
  - May wear a blanket

**B**
- Back
  - Baby sleeps on back, sometimes in that or
  - May sleep on back
  - May sleep on side
  - May sleep head of bed

**C**
- Crib
  - May sleep in crib
  - May sleep in infant seat
  - May sleep in swing, glider or bouncy seat

**SAFE SLEEP INFORMATION FORM**

**SAFE SLEEP CRIB SIGN**

**Yearly safe sleep competencies**
- Staff are expected to attend a competency event or submit online observation of daily work
- CSL’s performed 1:1 education with all staff
- Increased awareness and the importance to role model safe sleep

**Future of the Initiative**
- Reviewed with caregivers upon admission
- Included with each admission for all patients 12 months and under

**Crib sign**
- Developed to display exceptions or exceptions to safe sleep orders and for safe sleep reinforcement
- “I follow the ABC’s of Safe Sleep”, displays expectations of safe sleep and should be displayed if no exceptions.
- “I have a Safe Sleep Order” to be displayed if patient has a Safe Sleep exception.