

Perinatal Safety Scavenger Hunt

Name: _____

Date: _____

Instructions

Select relevant sections to complete for each staff member. Set a timer and time your ability to find items. Locate and retrieve every item in each category. Take notes after each round if you had difficulty finding an item or don't carry/stock an item. Submit the completed form to your personnel file.

Category	Items	
Routine Labor Care Time: _____	<input type="checkbox"/> Routine intrapartum care guidelines (where to access) <input type="checkbox"/> Doppler & gel <input type="checkbox"/> Doppler spare batteries <input type="checkbox"/> Adult thermometer <input type="checkbox"/> Adult BP cuff <input type="checkbox"/> Large adult BP cuff <input type="checkbox"/> Emesis bags/basin <input type="checkbox"/> IV start kit tubing <input type="checkbox"/> IV pole <input type="checkbox"/> Extra clean linens	<input type="checkbox"/> Delivery kit <input type="checkbox"/> Sutures and suturing supplies <input type="checkbox"/> Lidocaine <input type="checkbox"/> Peanut ball <input type="checkbox"/> Rebozo <input type="checkbox"/> Sterile gloves <input type="checkbox"/> Chux pads <input type="checkbox"/> Ice <input type="checkbox"/> Antiemetics <input type="checkbox"/> Antibiotics
Postpartum and Newborn Routine Care Time: _____	<input type="checkbox"/> Routine postpartum and newborn care guidelines <input type="checkbox"/> Perineal ice packs <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Newborn scale <input type="checkbox"/> Measuring tape <input type="checkbox"/> Discharge teaching information	<input type="checkbox"/> Birth certificate forms <input type="checkbox"/> Diapers <input type="checkbox"/> Vitamin K for newborns <input type="checkbox"/> Erythromycin eye ointment <input type="checkbox"/> Tubes and forms for Coombs test <input type="checkbox"/> Newborn thermometer
Intrapartum / Postpartum Emergency Time: _____	<input type="checkbox"/> Adult ambu bag <input type="checkbox"/> Pitocin <input type="checkbox"/> Methergine <input type="checkbox"/> Cytotec <input type="checkbox"/> TXA <input type="checkbox"/> Terbutaline <input type="checkbox"/> Medication syringe/needles <input type="checkbox"/> Alcohol wipes <input type="checkbox"/> Ammonia inhalant	<input type="checkbox"/> Urinary catheter <input type="checkbox"/> Oxygen supply (wall connect or tank and refills) <input type="checkbox"/> Scale for quantified blood loss (QBL) <input type="checkbox"/> Epi-pen <input type="checkbox"/> Benadryl <input type="checkbox"/> Blood products & bank contact

Pain Management Time: _____	<input type="checkbox"/> Therapeutic rest medications & policy <input type="checkbox"/> IV/IM medications & policy	<input type="checkbox"/> Nitrous oxide supplies, set up, & policy <input type="checkbox"/> Anesthesia contact
Hydrotherapy & Waterbirth Time: _____	<input type="checkbox"/> Hydrotherapy policy <input type="checkbox"/> Waterbirth policy <input type="checkbox"/> Water thermometer <input type="checkbox"/> Strainer	<input type="checkbox"/> Flashlight <input type="checkbox"/> Full-length gloves <input type="checkbox"/> Disinfecting and cleaning supplies/process for tub
Triage, Clinic, and Lab Time: _____	<input type="checkbox"/> Supplies for blood draws <input type="checkbox"/> Sterile speculum <input type="checkbox"/> Exam table paper roll <input type="checkbox"/> Ophthalmoscope <input type="checkbox"/> Shredder for Protected Health Information <input type="checkbox"/> Glucola 50g and 100g <input type="checkbox"/> Rhogam <input type="checkbox"/> Non-Stress Test paper rolls	<input type="checkbox"/> Microscope slides <input type="checkbox"/> Nitrazine paper <input type="checkbox"/> Laboratory QA logs <input type="checkbox"/> Informed consent and refusal forms <input type="checkbox"/> Patient education materials <input type="checkbox"/> Precipitous birth kit <input type="checkbox"/> Doppler & gel
Environmental Safety Time: _____	<input type="checkbox"/> Fire extinguisher(s) <input type="checkbox"/> Autoclave or sterilization technique <input type="checkbox"/> Disinfectants for room cleaning <input type="checkbox"/> Location to dispose placentas <input type="checkbox"/> Location to dispose full sharps boxes <input type="checkbox"/> Refrigerator and freezer temperature logs	<input type="checkbox"/> Location for blood-soaked laundry <input type="checkbox"/> Location for other dirty laundry <input type="checkbox"/> Eye wash station <input type="checkbox"/> Circuit breaker box <input type="checkbox"/> Hot water heater <input type="checkbox"/> All available exits <input type="checkbox"/> Incident reporting policy and procedure
Transfer and Transport Time: _____	<input type="checkbox"/> List of admission eligibility criteria for facility / unit <input type="checkbox"/> Adult / maternal transfer policy and protocol <input type="checkbox"/> Newborn transfer policy and protocol <input type="checkbox"/> Labor floor phone number <input type="checkbox"/> NICU phone number <input type="checkbox"/> On-call physician phone number	<input type="checkbox"/> Transfer / transport documentation forms <input type="checkbox"/> EMS/transport entry door <input type="checkbox"/> Phone number to initiate emergency patient transport <input type="checkbox"/> Device or supplies for keeping infant warm during transport <input type="checkbox"/> Adult wheelchair

Signature: _____