Safer Sleep Assessment Tool (children with complex health needs)

Child/baby's Name: **Postcode:**
NHS No: **DOB:**

	COMMENTS
Where did the assessment take place? (Home ward, clinic, PAU, ED, other)	
Other assessment location details?	
Where does the baby/child sleep at night? (Advise against the use of cot bumpers, toys. blankets, sleepyhead)	
Other sleep Details?	
Where does the baby/child sleep during the day?	
Where else does the baby/child sleep? (Sleepy head, bouncer, car seat, pram)	
Did you see where baby/child sleeps at day/night? (Visual assessment). If not observed, give the reason why and the planned date to see.	
Reason why sleep area not observed?	

	YES	NO	COMMENTS
Does anyone in your household or anybody who cares for baby/child smoke?			
Please specify advice given to caregivers regarding smoking.			
Do you ever take your baby/child to bed with you?			
Does your child share a bed with anyone else/any pets? Who else do they share their bed with? Please specify advice given.			
Does anyone in your household or anybody who cares for baby drink alcohol?			
Does anyone in your household or anybody who cares for baby use drugs or take medication that may make you drowsy?			
Is baby always put to bed on their back with their feet to foot of cot?			
Have you or anyone in the household received support for drug or alcohol use?			
What does your baby/child sleep in? (clothes/bedding)			
Are you able to ensure room temperature stays between 16-20°C?			
How is the baby/child being fed? (Breast, bottle, weaned, combination, nasogastric (NG), orogastric (OG), percutaneous endoscopic gastrostomy (PEG)).			
Do you have a plan to manage safe sleep for your baby/child in different circumstances or in an out of routine situation? (e.g., sleeping away from home, after drinking alcohol at a party or celebration)?			

Analysis - What risk factors have been identified during this assessment? Have you contacted the Health Visitor using the Paediatric Liaison Form?

Action Plan – What is your Action Plan and what are the timescales?

Completed by……. Date……

Review by……. Date……