# Shift Observation Form

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| Study Site Code: |  | Record ID: |  |
| Observer Initials: |  | Observation Date: | \_\_\_\_\_\_/ \_\_\_\_\_\_/\_\_\_\_\_ (DD/MM/YY) |

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| Pre-intervention/ During the intervention (Circle one) | | | | | |
| 1. | This observation is being conducted during a: □ Day shift □ Night shift | | | | |
| 2. | Start time: | |  | End time: |  |
| 3a. | How many babies were admitted at the NICU at the start of the shift? | | | |  |
| 3b. | How many **new** babies were admitted at the NICU during the shift? | | | |  |
| 3c. | How many babies were discharged from the NICU during the shift? | | | |  |
| 4. | How many nurses did you observe working this shift? | | | |  |
| 5. | How many doctors did you observe working this shift? | | | |  |
| 6. | Were all the babies stable\* *(see definition)* throughout this shift? (Y/N) | | | |  |
| 7. | How many babies became unstable\*\* *(see definition)* during this shift? | | | |  |
| 8. | For each baby that became unstable during this shift, briefly describe what happened and what intervention they received (use an extra form if required): | | | | |
| Baby’s ID | | Event | | Intervention | |
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| 9. | Did any babies die during this shift? (Y/N) | | | |  |
| 10. | How many babies died during this shift? | | | |  |
| 11. | For any of the babies that died during this shift, please list the cause of death if known: | | | | |
| Baby’s ID | | | | Cause of Death | |
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| Measurement of Vital Signs | | | |
| 12. | During this shift, did you observe the nurses taking any vital sign readings? (Y/N) | |  |
| 13. | If “yes”, what vital sign readings did you observe the nurses taking? (check all that apply) | | |
| □ Temperature □ Pulse/heart rate □ Oxygen saturation □ Respiratory rate □ Blood pressure | | | |
| 14. | How often did you observe the nurses taking vital signs? | | |
| □ Every hour □ Every 2 hours □ Every 3 hours □ Every 4 hours □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 15. | What methods/equipment did nurses use to take the following vital signs: | | |
|  | Temperature |  | |
|  | Pulse/heart rate |  | |
|  | Blood oxygen saturation (SpO2) |  | |
|  | Respiratory rate |  | |
|  | Blood pressure |  | |
| 16. | Using a stop clock/watch, please observe the amount of time nurses spend taking vital signs for each patient and record each session in the attached vital sign measurement-time log (on page 3). Over the course of this shift, how much time in total did nurses spend taking vital sign readings? | |  |
| 17. | During this shift, were any of the babies connected to a conventional monitor that could continuously measure their vital sign readings? (Y/N) | |  |
| 18. | If “yes”, how many babies were connected to a conventional monitor that could continuously measure their vital sign readings? | |  |
| 19. | For the babies that were connected to a conventional monitor, which vital signs were being continuously measured? (check all that apply) | | |
| □ Temperature □ Pulse/heart rate □ Oxygen saturation □ Respiratory rate □ Blood pressure | | | |
| 20. | During this shift, which methods of alert that a baby is in distress did you observe? | | |
| □ Equipment visual alarms □ Equipment audio alarms □ Mother alerts nurse of potential problem  □ Intermittent spot checking on unstable babies □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 21. | During the course of this shift, please keep a record of the number of times you observe each method of alert that a baby is in distress. | | |
|  | Equipment visual alarms | |  |
|  | Equipment audio alarms | |  |
|  | Mother or caretaker alerts nurse of a potential problem | |  |
|  | Nurse performs intermittent spot checking on unstable babies | |  |
|  | Other (specify): | |  |
| 22. | During this shift, what did you observe about the nurses’ response time to a baby in distress? | | |
| □ Very fast □ Moderately fast □ Slightly fast □ Slightly slow □ Moderately slow □ Very slow | | | |

\*Stability is described as requiring <2 medical interventions during the shift

\*\*Instability is described as requiring ≥2 medical interventions during the shift

## Vital Sign Measurement-Time Log

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| Please use this log along with your stop clock to record the amount of time (in minutes) that nurses spend taking vital sign readings over the course of their shift. Consider each measurement session (S) performed on an individual baby as a separate event. | | | | | | | | | | |
| Baby ID | S1 | S2 | S3 | S4 | S5 | S6 | S7 | S8 | S9 | S10 |
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| Total |  |  |  |  |  |  |  |  |  |  |

**Additional Notes:**

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| Please use this section to share your free responses concerning any other observations you gathered during this shift that you feel might be relevant to implementation of the neoGuardTM technology and the objectives of this feasibility study. | |
| Time: | Event: |
| 12:00 am |  |
| 1:00 am |  |
| 2:00 am |  |
| 3:00 am |  |
| 4:00 am |  |
| 5:00 am |  |
| 6:00 am |  |
| 7:00 am |  |
| 8:00 am |  |
| 9:00 am |  |
| 10:00 am |  |
| 11:00 am |  |
| 12:00 pm |  |
| 1:00 pm |  |
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| 11:00 pm |  |

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| **Operation of neoGuardTM technology: Assessment Sheet** | | | | | | |
| On a scale of 1-5, where 1=very poor and 5=excellent, please observe and rate the nurse/clinician’s adherence to instructions for the following procedures: | | | | | | |
| Procedure | Score (circle one) | | | | | |
| Cleaning and storing neoGuard | 1 | 2 | 3 | 4 | 5 | NA |
| Charging the device | 1 | 2 | 3 | 4 | 5 | NA |
| Operating the device | 1 | 2 | 3 | 4 | 5 | NA |
| Affixing device onto patient | 1 | 2 | 3 | 4 | 5 | NA |
| Adjusting the reusable band | 1 | 2 | 3 | 4 | 5 | NA |
| Adding a new patient | 1 | 2 | 3 | 4 | 5 | NA |
| Adjusting alarm limits | 1 | 2 | 3 | 4 | 5 | NA |
| Locating a device | 1 | 2 | 3 | 4 | 5 | NA |
| Viewing trends | 1 | 2 | 3 | 4 | 5 | NA |
| Deleting a patient | 1 | 2 | 3 | 4 | 5 | NA |
| Archiving patient records | 1 | 2 | 3 | 4 | 5 | NA |
| Reporting adverse events | 1 | 2 | 3 | 4 | 5 | NA |
| Shift change | 1 | 2 | 3 | 4 | 5 | NA |
| Safety Precautions during neoGuard device use | 1 | 2 | 3 | 4 | 5 | NA |
| Trouble shooting | 1 | 2 | 3 | 4 | 5 | NA |

Thank You!