



# Neonatal Environment: Observation of Nutritional Preparation Area

**Instructions:** Observe nutritional preparation area. Observe each practice below and answer Yes, No, or N/A. Sum all Yes and No responses. Divide by sum of “Yes” + “No”.

Nutritional preparation area: Observation Categories				
1	Are surfaces in the nutrition preparation area visibly clean and free from clutter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2	If powdered formula is used, is sterile water provided for dilution or reconstitution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3	Thermometers in the breast milk storage refrigerator and freezer are easy to visualize and are within the range noted below?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4	Are the breast milk storage refrigerator and freezer temperatures monitored and recorded every 4 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5	Is stored breast milk labeled with name, date, and time of pumping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6	Is breast milk stored in a manner that prevents misadministration (e.g., each mother’s milk is in a dedicated tray?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7	Is the refrigerator/freezer in which breast milk is stored clean and dedicated to patient nutrition supplies only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8	Are waterless warmers used to thaw and warm breast milk (i.e., there is no evidence of thawing by immersion in tap water)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9	Are ready-for-use breast pumps clean, labeled as clean, and stored separately from breast pumps that have not been cleaned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>TOTAL (Total YES and No Only)</b>				



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Date: \_\_\_\_\_

Observer Role:  Nurse  Tech  Other \_\_\_\_\_ Initials: \_\_\_\_\_

Location/Unit: \_\_\_\_\_

Notes and comments: