

Hospital Pillow Audit Tool

Please inspect ALL sides of the pillow.
 Please enter Yes (Y) or No (N) in each box as appropriate.

Pillow supply source and batch ID are visible on exterior	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pillow is located in correct department and ward	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pillow uses waterproof cover with infection control seams (sealed not sewn)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pillow is free from stains	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pillow is free from visible tears or damage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pillow is free from unpleasant odour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pillow is free from soiling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pillow core is lofted and resilient	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Result Pass / Fail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Remedial Action (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Hospital _____ Department _____ Ward _____ Bed _____	Audit Conducted By: Name _____ Title _____ Date(s) _____
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