# 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**

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

**TOTAL (Total YES and No Only)**

Refer to human milk storage guidelines table at [https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm](https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm)
Date:______________

Observer Role: □ Nurse □ Tech □ Other ___________ Initials:_______

Location/Unit:______________

Notes and comments: