

Patient/Client ID number		Ward:
Date audit completed		
Questionnaire ID		
Date data put on system		

If any of the questions are not applicable N/A tick yes

Section A

The following questions relate to content and presentation

The record demonstrates all entries:

<i>*Person refers to child/young person and parent/person with parental responsibility</i>		Y	N
1	has a clearly identified unique patient number is on each separate element	<input type="checkbox"/>	<input type="checkbox"/>
2	are dated	<input type="checkbox"/>	<input type="checkbox"/>
3	are timed (24 hour format)	<input type="checkbox"/>	<input type="checkbox"/>
4	are signed in full (no initials)	<input type="checkbox"/>	<input type="checkbox"/>
5	are designation at 1st entry (signature register)	<input type="checkbox"/>	<input type="checkbox"/>
6	are written in black ink	<input type="checkbox"/>	<input type="checkbox"/>
7	has legible hand writing	<input type="checkbox"/>	<input type="checkbox"/>
9	are free from jargon and meaningless phrases	<input type="checkbox"/>	<input type="checkbox"/>
10	are free from abbreviated language	<input type="checkbox"/>	<input type="checkbox"/>
11	made by a pre-registration student are countersigned by a registered nurse <i>(if N/A click yes)</i>	<input type="checkbox"/>	<input type="checkbox"/>
12	made by a nursing assistant comply with the regional framework	<input type="checkbox"/>	<input type="checkbox"/>
13	that have errors , are dated <i>(if N/A click yes)</i>	<input type="checkbox"/>	<input type="checkbox"/>
14	that have errors , are timed (24 hour format) <i>(if N/A click yes)</i>	<input type="checkbox"/>	<input type="checkbox"/>
15	that have errors , signed in full (no initials) <i>(if N/A click yes)</i>	<input type="checkbox"/>	<input type="checkbox"/>
16	that have errors , have name and job title <i>(if N/A click yes)</i>	<input type="checkbox"/>	<input type="checkbox"/>
17	that have errors , with a single line strike through <i>(if N/A click yes)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section B:

The following questions relate to initial assessment and risk assessments.

The record demonstrates:

<i>*Person refers to child/young person and parent/person with parental responsibility</i>		Y	N
1	contact telephone number	<input type="checkbox"/>	<input type="checkbox"/>
2	parental responsibility	<input type="checkbox"/>	<input type="checkbox"/>
3	General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>
4	date & time of admission	<input type="checkbox"/>	<input type="checkbox"/>
5	reason for admission	<input type="checkbox"/>	<input type="checkbox"/>
6	Paediatric Early Warning Score (PEWS)	<input type="checkbox"/>	<input type="checkbox"/>
7	weight	<input type="checkbox"/>	<input type="checkbox"/>
8	height/length	<input type="checkbox"/>	<input type="checkbox"/>
9	family's first language	<input type="checkbox"/>	<input type="checkbox"/>
10	religion/denomination/belief group	<input type="checkbox"/>	<input type="checkbox"/>
11	ethnic group	<input type="checkbox"/>	<input type="checkbox"/>
12	persons valuables	<input type="checkbox"/>	<input type="checkbox"/>
13	aids/equipment	<input type="checkbox"/>	<input type="checkbox"/>
14	family & Social History	<input type="checkbox"/>	<input type="checkbox"/>
15	birth history	<input type="checkbox"/>	<input type="checkbox"/>
16	past medical history	<input type="checkbox"/>	<input type="checkbox"/>
17	family medical history	<input type="checkbox"/>	<input type="checkbox"/>
18	allergies/medicines sensitivities	<input type="checkbox"/>	<input type="checkbox"/>
19	infection prevention control risk assessment	<input type="checkbox"/>	<input type="checkbox"/>
20	child/young person/parent story	<input type="checkbox"/>	<input type="checkbox"/>
21	full nursing assessment	<input type="checkbox"/>	<input type="checkbox"/>
22	all needs identified	<input type="checkbox"/>	<input type="checkbox"/>
23	STAMP Screening for malnutrition	<input type="checkbox"/>	<input type="checkbox"/>
24	moving and handling risk assessment	<input type="checkbox"/>	<input type="checkbox"/>
25	Glamorgan Scale pressure ulcer risk assessment	<input type="checkbox"/>	<input type="checkbox"/>
26	body table and map	<input type="checkbox"/>	<input type="checkbox"/>
27	bed rails assessment	<input type="checkbox"/>	<input type="checkbox"/>
28	signature of admitting nurse	<input type="checkbox"/>	<input type="checkbox"/>

Section C

The following questions relate to ongoing assessment/ plan of care/evaluation

The record demonstrates:

<i>*Person refers to child/young person and parent/person with parental responsibility</i>		Y	N
1	person involvement	<input type="checkbox"/>	<input type="checkbox"/>
2	ongoing assessment, identifying all needs	<input type="checkbox"/>	<input type="checkbox"/>
3	ongoing identification of all needs from risk assessments	<input type="checkbox"/>	<input type="checkbox"/>
4	that a plan of nursing care is in place for all identified needs	<input type="checkbox"/>	<input type="checkbox"/>
5	the desired outcome/s (aim/s) of the plan of nursing care/ treatment/support	<input type="checkbox"/>	<input type="checkbox"/>
6	that the person has consented to the plan of nursing care	<input type="checkbox"/>	<input type="checkbox"/>
7	that the plan of nursing care has been evaluated	<input type="checkbox"/>	<input type="checkbox"/>
8	ongoing communication with the multi professional team ,in relation to the person's care	<input type="checkbox"/>	<input type="checkbox"/>
9	ongoing communication with relatives/carers , <i>if appropriate</i> , in relation to the person's care	<input type="checkbox"/>	<input type="checkbox"/>

Section D: Discharge Planning Indicators

The following questions relate to discharge or transfer planning

The record demonstrates:

<i>*Person refers to child/young person and parent/person with parental responsibility</i>		Y	N
1	discharge/transfer planning (<i>If answer end of life click yes</i>)	<input type="checkbox"/>	<input type="checkbox"/>
2	the person is involved in discharge/transfer planning (<i>person unresponsive or end of life click yes</i>)	<input type="checkbox"/>	<input type="checkbox"/>
3	involvement of relatives/in discharge/transfer planning (with permission of person) (<i>If answer end of life click yes</i>)	<input type="checkbox"/>	<input type="checkbox"/>
4	communication with community/liaison/specialist nurses (were appropriate). (<i>If answer end of life click yes</i>)	<input type="checkbox"/>	<input type="checkbox"/>