

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	<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	<input type="checkbox"/>	<input type="checkbox"/>
14	that have errors , are timed (24 hour format)	<input type="checkbox"/>	<input type="checkbox"/>
15	that have errors , signed in full (no initials)	<input type="checkbox"/>	<input type="checkbox"/>
16	that have errors , have name and job title	<input type="checkbox"/>	<input type="checkbox"/>
17	that have errors , with a single line strike through	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL			

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	first language	<input type="checkbox"/>	<input type="checkbox"/>
2	contact telephone number	<input type="checkbox"/>	<input type="checkbox"/>
3	next of kin/first contact		
4	General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>
5	Allergy status	<input type="checkbox"/>	<input type="checkbox"/>
6	Alert status	<input type="checkbox"/>	<input type="checkbox"/>
7	NEWS	<input type="checkbox"/>	<input type="checkbox"/>
8	Reason for admission	<input type="checkbox"/>	<input type="checkbox"/>
9	Moving and handling assessment	<input type="checkbox"/>	<input type="checkbox"/>
10	Infection prevention control assessment	<input type="checkbox"/>	<input type="checkbox"/>
11	Person placement	<input type="checkbox"/>	<input type="checkbox"/>
12	Time critical medications	<input type="checkbox"/>	<input type="checkbox"/>
13	Person centred assessment - communication	<input type="checkbox"/>	<input type="checkbox"/>
14	Person centred assessment – airway/breathing/circulation	<input type="checkbox"/>	<input type="checkbox"/>
15	Person centred assessment - mobility	<input type="checkbox"/>	<input type="checkbox"/>
16	Person centred assessment - eating/drinking/elimination/personal care	<input type="checkbox"/>	<input type="checkbox"/>
17	Person centred assessment - environment safety / health and social care	<input type="checkbox"/>	<input type="checkbox"/>
18	Pressure damage risk assessment	<input type="checkbox"/>	<input type="checkbox"/>
19	Skin check	<input type="checkbox"/>	<input type="checkbox"/>
20	Skin interventions	<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

The following questions relate to discharge, transfer and final placement planning

The record demonstrates:

<i>*Person refers to child/young person and parent/person with parental responsibility</i>		Y	N
1	discharge planning	<input type="checkbox"/>	<input type="checkbox"/>
2	the person is involved in discharge planning	<input type="checkbox"/>	<input type="checkbox"/>
3	involvement of relatives/in discharge planning (with permission of person)	<input type="checkbox"/>	<input type="checkbox"/>
4	communication with community health and social care professionals (were appropriate).	<input type="checkbox"/>	<input type="checkbox"/>
<i>*Discharge refers to transfer and final placement</i>			