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

Auditor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit (please circle one): ICU or CCU

Please collect information from the previous shift.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PART A: MetaVision** | | | |
|  | **Checklists H** | **Yes** | **No** | **N/A** |
| 1 | Admission Checklist | □ | □ | □ |
| 2 | Decision for Transfer entered | □ | □ | □ |
| 3 | Quick View completed | □ | □ | □ |
| 4 | Daily Weight – Fluid balance **(CCU ONLY)** | □ | □ | □ |
|  | **Vital Signs Plus H** | **Yes** | **No** | **N/A** |
| 1 | Vital Signs validated using forms only | □ | □ | □ |
| 2 | Oral Care q2h | □ | □ | □ |
| 3 | Restraints checked as per policy | □ | □ | □ |
| 4 | Patient Positioning q2h | □ | □ | □ |
| 5 | Pressure Relief Strategies completed | □ | □ | □ |
| 6 | Workload Parameters completed | □ | □ | □ |
|  | **Fluids H** | **Yes** | **No** | **N/A** |
| 1 | Message Ball is current | □ | □ | □ |
| 2 | Infusion Location documented (NOT venous/arterial) | □ | □ | □ |
| 3 | Infusions stopped at discharge time | □ | □ | □ |
|  | **Lines, Tubes, Drains H** | **Yes** | **No** | **N/A** |
| 1 | Lines, Tubes, Drains are current and accurate | □ | □ | □ |
| 2 | Insertion Sites are correct | □ | □ | □ |
| 3 | Process Lines stopped at discharge time | □ | □ | □ |
| 4 | Line Assessments completed q4h | □ | □ | □ |
|  | **Assessments H** | **Yes** | **No** | **N/A** |
| 1 | Assessments documented q4h | □ | □ | □ |
| 2 | Safety Plus form completed q shift | □ | □ | □ |
| 3 | Braden Scale completed Score:\_\_\_\_\_\_ | □ | □ | □ |
|  | **Events and Procedures H** | **Yes** | **No** | **N/A** |
| 1 | Resuscitation 24 Hours Prior to Admission entered | □ | □ | □ |
| 2 | Continuous Events current | □ | □ | □ |
| 3 | Transport Lines current | □ | □ | □ |
| 4 | Other events used appropriately | □ | □ | □ |
| 5 | Rounds documented **(Day shift only)** | □ | □ | □ |
|  | **Miscellaneous H** | **Yes** | **No** | **N/A** |
| 1 | Patient assigned to appropriate service | □ | □ | □ |
| 2 | ICDSC completed (q0600h and q1800h) **(ICU ONLY)** | □ | □ | □ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PART B: Patient Chart** | | | |
|  | **Medication Administration Record (MAR)H** | **Yes** | **No** | **N/A** |
| 1 | Medications charted in appropriate sections (PRN vs Scheduled) | □ | □ | □ |
| 2 | MAR has two sets of initials | □ | □ | □ |
| 3 | New/changed orders have two sets of initials | □ | □ | □ |
| 4 | Documentations of changed orders done as per policy | □ | □ | □ |
| 5 | Independent double check of initial programming done | □ | □ | □ |
| 6 | Independent double check of medicated infusions at shift change | □ | □ | □ |
|  | **Miscellaneous**□ | **Yes** | **No** | **N/A** |
| 1 | Allergy form completed | □ | □ | □ |
| 2 | Actual weight completed | □ | □ | □ |
| 3 | Goals of Care completed and appropriate | □ | □ | □ |
|  | **Assessments** □ | **Yes** | **No** | **N/A** |
| 1 | Falls Risk Assessment form completed | □ | □ | □ |
| 2 | BeLite Functional Assessment Record completed | □ | □ | □ |
| 3 | TAPS used | □ | □ | □ |
|  | **Medicus H** | **Yes** | **No** | **N/A** |
| 1 | Medicus reviewed q8h over past 24 hours | □ | □ | □ |
| 2 | Initials present: N □ D □ E □ | □ | □ | □ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PART C: Patient Room** | | | |
|  | **BeLite Assessment Form H** | **Yes** | **No** | **N/A** |
| 1 | Appropriate logo displayed in room | □ | □ | □ |
| 2 | Appropriate sticker on patient ID band | □ | □ | □ |
|  | **Other H** | **Yes** | **No** | **N/A** |
| 1 | Appropriate Isolation sign on door | □ | □ | □ |

Please calculate the total score for this chart audit using the following calculation (one point for each “yes” answered):

Points scored / Total Points Possible (not including N/A) = Final score X 100

**\_\_\_\_ / \_\_\_\_ = Final score: \_\_\_\_\_\_\_%**

Please submit completed audits to Janice Phillips and Salima Ismail in Room 2508.

For more information please see the Critical Care Audit Tool Debrief Document under the G-drive.

Please direct questions to:

Clinical Nurse Educators GNH ICU/CCU, Room 2508, Phone 780-735-7069

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Audit developed by Natasha Skwarok, MacEwan University Nursing Student, Janice Phillips, RN, BScN, and Salima Ismail, RN, BScN, September, 2015.