

MEDICAL RECORD DOCUMENTATION AUDIT

URN: _____

UNIT / SPECIALITY: _____

DATE: ___/___/___

NAME OF AUDITOR: _____

CRITERIA	YES	NO	N/A	COMMENTS
A. DISCHARGE SUMMARY OR FRONT SHEET				
1. Has the Principal Diagnosis been documented?				
2. Is the Principal Diagnosis correct?				
3. Have co-morbidities been documented?				
4. Have complications been documented?				
5. Has the Principal Procedure been entered?				
6. Has the Discharge Summary/Front Sheet been signed?				
7. Has the Discharge summary/ Front sheet been dated?				
8. Are Medication(s) documented?				
9. Are any necessary Follow-up instructions documented?				
B. MEDICAL REFERRAL LETTER				
1. Is there a Medical Referral Letter?				
2. Have all Allergies been documented?				
3. Is the patient's medical history documented?				
4. Has the reason for admission been documented?				
5. Are current Medication(s) documented?				
C. PRE-ADMISSION FORM				
1. Is there a Pre-Admission Form in the record?				
2. Is the reason for admission documented?				
3. Has patient Medical History been documented?				
4. Are all Medication(s) documented?				
5. Has the Urgency Category been completed?				
D. DOCUMENTATION				
1. Has the Physical Examination been documented?				
2. Has relevant Medical History been documented?				
3. Has a Provisional Diagnosis been entered?				
4. Is there a medical entry written every 48 hours?				
5. Are all entries dated?				
6. Do all entries contain times?(24hr)				
7. Are all medical and surgical entries signed?				
8. Do all entries contain the relevant Designation?				

MEDICAL RECORD DOCUMENTATION AUDIT

CRITERIA	YES	NO	N/A	COMMENTS
9. Has discharge information been documented?				
10. Is there Patient Identification on every page?				
E. MEDICATION ORDERS				
1. Are all Medication Orders dated?				
2. Are all Medication Orders signed?				
3. Are all allergies noted?				
F. OPERATION REPORT				
1. Is the Operation Report dated?				
2. Has a Pre-operative Diagnosis been documented?				
3. Does the Operation Performed and Findings contain entries?				
4. Is the Name and Signature of the surgeon present?				
5. Have Post-Op Instructions been entered?				
G. ALLIED HEALTH DOCUMENTATION				
1. Are all Allied Health entries dated?				
2. Are all Allied Health entries signed?				
3. Do all Allied Health entries contain the relevant Designation?				
H. CONSENT FORM				
1. Has the Consent Form been correctly completed?				
2. Has the Consent Form been signed?				
TOTAL				

Additional Comments

.....

.....