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## Republic of the Philippines Department of Health SOUTHERN ISABELA MEDICAL CENTER

## **NURSING AUDIT CHECKLIST**



UNIT:

NAME OF STAFF:

QUARTER/YEAR: 4<sup>TH</sup> QUARTER

CRITERIA	POI SCC		AR
A. To provide quality and safe delivery of Nursing Care	300	JRE	
Services			
Informed consent is obtained prior to initiation of care			
Vital Signs complete and recorded every 24 hrs			
Monitoring sheets are recorded properly and completely			
Intake and output records complete			
Intravenous Fluid Sheet Complete with date and time			
consume and number of bottles			
Categorized laboratory results attached according to dates and referred			
Initial assessment documented			_
Re assessment of patient according to their prioritized needs			
at least once every shift			
Doctors order properly carried out and verified			
All verbal orders and telephone orders are countersigned by Physicians within 24 hours.			
Focus is based on the patients' needs and problems			
Data is related to the focus identified			
Intervention is implemented with time indicated			
Response is noted if achieved or not			
Hand written of staff			
All specimen receive by the histopathology / laboratory			
All sheets have appropriate headings			
Appropriate abbreviation was used			
Checks emergency cart before duty starts and replenish			
used medicines			
Census is updated in the directory and HOMIS			
Kardex is updated and complete			
Logbook is coded and with headings			
Use of patient safety checklist			
Reporting incidences of Hospital Acquired Infection			
Reporting adverse drug reaction			
Referral of critical diagnostic result			
Availability and location of fire extinguisher			
Proper segregation of waste			
Refrigerator is free from foods High Alert Medication are stored to ensure controlled use			
High Alert Medication are stored to ensure controlled use			—
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a. To identify patient correctly			
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FM\_NSG\_073 REV 0/06 01 2010