**Inpatient Nursing Chart Review**

**Reviewer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **REQUIRED/COMPLETED****DOCUMENTATION** | **MRN#****{Y/N/NA}** | **COMMENTS** | **MRN#****{Y/N/NA}** | **COMMENTS** | **MRN#****{Y/N/NA}** | **COMMENTS** |
| **ADMISSION ASSESSMENT:****Completed within 12****Hours** |  |  |  |  |  |  |
| **GPRA Completed** |  |  |  |  |  |  |
| **NURSING ASSESSMENT:****Completed each Shift** |  |  |  |  |  |  |
| **NURSING CARE PLAN:** **Implement within 12** **Hours of Admission** |  |  |  |  |  |  |
| **NURSING CARE PLAN:****Documented on each****Shift** |  |  |  |  |  |  |
| **Peripheral IV and** **Central Line** **Assessment** |  |  |  |  |  |  |
| **Vitals Signs/Document****Per Orders to include****Pain and SaO2** |  |  |  |  |  |  |
| **Intervention and****Reassessment(Pain/ Nausea/Turning/etc)** |  |  |  |  |  |  |
| **MAR Verified** |  |  |  |  |  |  |
| **Orders Verified** |  |  |  |  |  |  |
| **CARDIAC MONITOR:****Appropriate with Strip****Printed every 8 Hours** |  |  |  |  |  |  |
| **Physician Notified of** **Critical Lab Value** |  |  |  |  |  |  |
| **Immunizations Verified** |  |  |  |  |  |  |
| **Education Provided to****Patient** |  |  |  |  |  |  |
| **Services Indicated** |  |  |  |  |  |  |
| **INFECTION CONTROL:****Protocol Implemented** |  |  |  |  |  |  |
| **DISCHARGE NOTE:** **with Patient, Discharge****Education provided** |  |  |  |  |  |  |
| **CIWA PROTOCOL:****Implemented** |  |  |  |  |  |  |
| **All EHR Entries Dated****and Time included** |  |  |  |  |  |  |

 **July 2015**