**Inpatient Nursing Chart Review**

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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**