**CHART AUDIT CHECKLIST**

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|  | **TOPIC** | **ITEM** | **LOOK HERE** |
|  | Orders | 1. Is there an order for every nursing task done?2. Was the order set used for trauma, chest pain, ER? (Whether deactivated or not)3. All additional EKGs ordered?4. Everything on bill has an order? | -Orders-Emergency Tab-Match with notes, scanned flow sheets, acuity |
|  | Medications | 1. Are all medications ordered?2. Are all medications given?3. Are home medications logged as given with the appropriate qty and a note clarifying ?4. Distinguish between multiples of one drug, i.e. aspirin, clopidogrel, nitroglycerin SL.5. Distinguish between medications that are given multiple times out of one product, i.e. Fentanyl, Morphine, Cardiazem, Labetolol. | - Meds-Match with notes, scanned flow sheets, acuity-Watch for meds given in ER and then same med sent home. Should be two separate entries for clarification. Given as a one time and the sent home has a frequency |
|  | Nursing Acuity | 1. Is this complete? Is every nursing task accounted for?2. Make sure that if pediatric patient, that those are checked in that area and not general (ped IV start, procedure)3. Trauma Activation documented | - Compare with notes, scanned flow sheets, meds, orders-TTA should be clear on either flow sheet or in EMS trip report\*Can only be activated by EMS, not POV or walk-in |

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|  | Supplies | 1. Are supplies accounted for as compared to the procedures documented?2. Check the number of attempts on IV starts, that should match the number of IV catheters used.3. One IV site = 1 hep lock, 1 IV start kit. Two IV site = two of those. Multiple attempts should increase the IV catheters, not the hep lock and start kit.4. Watch that if there are multiple patients at one time, that supplies are not interchanged.5. IV fluids should have a primary tubing and a fluid bag at the least.6. Watch for splints and slings- Providers put them on a lot and throw the box away.7. Watch for missing big ticket items during a trauma or resuscitation or sick patient- Zoll Padz, bair hugger, suction, tubes, etc. get lost in the shuffle8. Look for multiples that don’t make sense, sometimes the sensor will scan the same label twice- so if there are two IV tubings and no bag, then that is prob what happened. 9. Watch for documentation of wound care- if there are gauze, steristrips, saline, etc. then would care must be documented as given and ordered. | - Compare to notes, scanned flow sheets, acuity, orders, meds (IV orders are in meds)-Compare two patients’ charges if there was a multiple event |
|  | Critical Care Charges | 1. Are the total duration of time (at least 30 mins) stated?2. Are the services performed stated?3. Decide on what is bundled versus what can be counted as critical care4. Does the documentation match the level of complexity of the patient? | -Refer to the CC CPT code guidelines-Refer to the documentation requirements-Provider Exam, LOS-Notes |

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| **List Nursing Interventions**\*Notes, Acuity, Scanned in written records (trauma, CP) | **List medications given**\*MAR, Notes, Provider Notes, written records (trauma, CP) | **List Chargeable Orders**\*Order Entry, Notes, Results, Order Set used as appropriate? |
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|  | **List Supplies as Dispensed vs. what is needed** |  |
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|  |  | **PI Issues Identified** |
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| **Acuity Completed & Reconciled** |  |  |
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| Medications | 1. Are all medications ordered?2. Are all medications given?3. Are home medications logged as given with the appropriate qty and a note clarifying ?4. Distinguish between multiples of one drug, i.e. aspirin, clopidogrel, nitroglycerin SL.5. Distinguish between medications that are given multiple times out of one product, i.e. Fentanyl, Morphine, Cardiazem, Labetolol. | - Meds-Match with notes, scanned flow sheets, acuity-Watch for meds given in ER and then same med sent home. Should be two separate entries for clarification. Given as a one time and the sent home has a frequency |

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| NAME/VISIT # | MEDS/DOSE/TIME | ON MAR | LOGGED BY NURSE | QUANTITY TO CHARGE |
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