KYABRAM DISTRICT HEALTH SERVICE

Patient chart audit tool

Criteria	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6
UR Number						
Date, time and signature legible						
History completed appropriate to presentation and as per the Primary Clinical Care Manual						
Clinical assessment completed appropriate to presentation and as per the Primary Clinical Care Manual						
Appropriate Health Management Protocol selected						
Further history and clinical assessment completed as per the Health Management Protocol if applicable						
Medical officer consulted if applicable as per Primary Clinical Care Manual						
Management in accordance with the Health Management Protocol & Drug Therapy Protocol						
Client education/ Consumer Medicine Information provided						
Referral/ follow up recorded as per the PCCM if applicable						
Medication cross –referenced against Gazette List						
Medication documented in central register						
Urgent Care Centre Treatment summary completed and faxed to Medical Practitioner						
Referral/follow-up conducted as per Health Management Protocol						
Did the patient represent due to deterioration in their condition						

Use the following abbreviations: FC: full compliance; **NC**: noncompliance; **NA**: not applicable

Comments:
1_____
2_____
3_____
4_____
5_____
6_____