Date:__/__/____ Time:_____

Setting:_____ Unique ID:_____ Entered By:_____

Reason for Audit:

** Indicates that an answer is required.*

Tracer - Emergency Department Patient

Advance Directives	Answer	Comments
1.* Documentation present on whether patient has an Advance Directive or not? Refer to EMR: Summary/Risk Legal (camera image), Care Activity/Advance Directive and/or paper AD chart tab *Standards:* ***RC.02.01.01, RI.01.05.01***	___ Yes | ___ No | ___ NA	
2.* If patient has AD, copy in medical record (N/A if patient does not have an AD) Refer to paper AD chart tab and/or EMR: Summary/Risk Legal (camera image), Care Activity/Advance Directive *Standards:* ***RC.02.01.01, RI.01.05.01, 59A-3.254 .4***	___ Yes | ___ No | ___ NA	
3.* If patient has AD, documentation present of AD substance (N/A if patient does not have AD) Refer to EMR: Care Activity/Advance Directive *Standards:* ***RI.01.05.01, CMS 482.13.(b)***	___ Yes | ___ No | ___ NA	
Surrogate	**Answer**	**Comments**
4. Documentation of surrogate identity and surrogate assumption of authority form in chart (N/A if no surrogate identified) Refer to EMR: Summary/Risk Legal and paper chart *Standards:* ***RC.02.01.01, RI.01.02.01, 59A-3.254 .4***	___ Yes | ___ No | ___ NA	
Communication	**Answer**	**Comments**
5.* Oral and written communication needs identified, including preferred language, and implemented Refer to EMR: Summary/Indicators; Care Activity/ADM: General Admission Asmt; Teaching Record: General *Standards:* ***PC.02.01.21, RC.02.01.01***	___ Yes | ___ No | ___ NA	
6. Interpreter services documented if needed Refer to EMR: Care Activity/ADM: General Admission Asmt *Standards:* ***RI.01.01.03***	___ Yes | ___ No | ___ NA	
Learning Needs	**Answer**	**Comments**
7.* Learning needs assessment includes: • Patient's religious and cultural beliefs, • Emotional barriers, • Desire/motivation to learn, • Physical or cognitive limitations, and • Any barriers to communication • Education/training assessed daily Refer to EMR: Summary/Demographics, Care Activity/ADM: General Admission Asmt, Teaching Record: General *Standards:* ***PC.02.03.01***	___ Yes | ___ No | ___ NA	

ED Triage	Answer	Comments
8. Emergent care provided to patient prior to arrival to ED Triage documented Refer to paper chart *Standards:* ***RC.02.01.01, 59A-3.255 .6***	___ Yes | ___ No | ___ NA	
9.* Height, weight, allergies documented for ED Triage Refer to EMR: Care Activity/Triage; For allergies: EMR header/click on "i" *Standards:* ***MM.01.01.01***	___ Yes | ___ No | ___ NA	
10.* Chief complaint documented with focused assessment for ED Triage Refer to EMR: Care Activity/Triage *Standards:* ***PC.01.02.01, RC.02.01.01***	___ Yes | ___ No | ___ NA	
11.* Triage level documented for ED Triage Refer to EMR: Care Activity/Triage *Standards:* ***RC.02.01.01***	___ Yes | ___ No | ___ NA	
12.* Triage time noted in ED Triage Refer to paper record *Standards:* ***RC.02.01.01***	___ Yes | ___ No | ___ NA	
13. Pain assessment documented for ED Triage Refer to EMR: Care Activity/Triage *Standards:* ***PC.01.02.07***	___ Yes | ___ No | ___ NA	
14. Appropriate pain scale utilized for ED Triage Refer to EMR: Care Activity/Triage *Standards:* ***PC.01.02.07***	___ Yes | ___ No | ___ NA	
15. Home medications documented for ED Triage: list of drugs (names), if able: dose and frequency Refer to EMR: Reconcile Meds *Standards:* ***NPSG.03.06.01***	___ Yes | ___ No | ___ NA	
ED Physician Exam	**Answer**	**Comments**
16.* Timely ED physician exam based on triage level/ESI: Review time frame: time stamp of MD to patient exam and time stamp of MD to time of first order Refer to paper documentation *Standards:* ***RC.02.01.01***	___ Yes | ___ No | ___ NA	
17.* ED physician exam includes complete history and review of systems Refer to paper documentation *Standards:* ***RC.02.01.01***	___ Yes | ___ No | ___ NA	
18. Clinical impression documented by ED physician if patient discharged from ED (N/A if patient admitted Refer to paper documentation *Standards:* ***RC.02.01.01***	___ Yes | ___ No | ___ NA	

ED Nursing Assessment	Answer	Comments
19.* Abuse/neglect screen documented in ED nursing assessment Refer to EMR: Care Activity/Abuse Screen *Standards:* ***PC.01.02.09***	___ Yes | ___ No | ___ NA	
20. Suicide screen documented in ED nursing assessment Refer to EMR: Care Activity/Triage *Standards:* ***NPSG.15.01.01***	___ Yes | ___ No | ___ NA	
21.* Skin/wound screen documented in ED nursing assessment Refer to EMR: Care Activity/Skin Assessment *Standards:* ***PC.01.02.01***	___ Yes | ___ No | ___ NA	
22. Repeat abnormal vitals based on ESI acuity documented in ED nursing assessments (N/A if not applicable) Refer to EMR: Care Activity/Vital Signs *Standards:* ***PC.01.02.01***	___ Yes | ___ No | ___ NA	
Fall Risk	**Answer**	**Comments**
23.* Fall risk assessment documented and fall prevention strategies implemented, if applicable Refer to EMR: Care Activity/Fall Risk Assessment *Standards:* ***PC.01.02.08***	___ Yes | ___ No | ___ NA	
24.* Patient education on fall reduction strategies Refer to EMR: Care Activity/Fall Risk Assessment *Standards:* ***PC.02.03.01***	___ Yes | ___ No | ___ NA	
Isolation	**Answer**	**Comments**
25. Identification of isolation patient in medical record (N/A for non-isolation patient) Refer to EMR: Care Activity/Med/Surg Flowsheet, Care Trends/Activity/Safety *Standards:* ***RC.01.01.01***	___ Yes | ___ No | ___ NA	
26. Isolation precautions appropriate to infection (N/A for non-isolation patient) Refer to EMR: Care Activity/Med/Surg Flowsheet *Standards:* ***IC.02.01.01***	___ Yes | ___ No | ___ NA	
Pain Management	**Answer**	**Comments**
27.* Pain assessment performed per policy or appropriate to patient's condition Refer to EMR: Care Activity/Pain Assessment *Standards:* ***PC.01.02.07***	___ Yes | ___ No | ___ NA	
28. Pain scale appropriate Refer to EMR: Care Activity/Pain Assessment *Standards:* ***PC.01.02.07***	___ Yes | ___ No | ___ NA	

29. Action taken, adequate pain relief or further intervention Refer to EMR: Care Activity/Pain Assessment, Interventions, Medications *Standards:* ***PC.01.02.07, RI.01.01.01***	___ Yes | ___ No | ___ NA	
30. Pain reassessment after intervention Refer to EMR: Care Activity/Pain Assessment, Intervention, Medications *Standards:* ***PC.01.02.07***	___ Yes | ___ No | ___ NA	
31. Pain management reflected in plan of care Refer to EMR: Care Activity/Plan of Care *Standards:* ***PC.01.03.01***	___ Yes | ___ No | ___ NA	
ED Orders	**Answer**	**Comments**
32. ED physician order for IV documented (N/A if not applicable) Refer to EMR: Order History *Standards:* ***PC.02.01.03***	___ Yes | ___ No | ___ NA	
33. ED physician order for foley documented (NA if not applicable) Refer to EMR: Order History *Standards:* ***PC.02.01.03***	___ Yes | ___ No | ___ NA	
34. ED physician orders for medications documented (NA if not applicable) Refer to EMR: Order History *Standards:* ***MM.04.01.01***	___ Yes | ___ No | ___ NA	
35. ED physician order free of unapproved abbreviations Refer to EMR: Order History to view order, then audit order in paper chart *Standards:* ***IM.02.02.01, 59A-3.110.10***	___ Yes | ___ No | ___ NA	
36. ED physician written orders dated, timed and signature legible Refer to EMR: Order History to view order, then audit order in paper chart *Standards:* ***RC.01.01.01, RC.01.02.01, CMS 482.24.(c)***	___ Yes | ___ No | ___ NA	
ED Pediatric Patient	**Answer**	**Comments**
37. Immunization status documented for ED pediatric patient (NA if not applicable) Refer to EMR: Care Activity/Pediatric Immunization *Standards:* ***PC.01.02.01***	___ Yes | ___ No | ___ NA	
38. Height and weight documented for ED pediatric patient (NA if not applicable) Refer to EMR: Care Activity/Triage *Standards:* ***MM.01.01.01, MM.04.01.01***	___ Yes | ___ No | ___ NA	

Critical Tests/Values	Answer	Comments
39. Documentation of critical values/results (N/A if not applicable) Refer to paper documentation *Standards:* ***NPSG.02.03.01, PC.02.01.03***	___ Yes | ___ No | ___ NA	
40. Documentation of read-back of critical values/results (N/A if not applicable) Refer to paper documentation *Standards:* ***PC.02.01.03***	___ Yes | ___ No | ___ NA	
ED Discharge Instructions	**Answer**	**Comments**
41. Instructions regarding added or changed medication provided to ED patient at discharge Refer to EMR: Care Activity/Discharge *Standards:* ***NPSG.03.06.01***	___ Yes | ___ No | ___ NA	
42. List of home medications given to ED patient at discharge Refer to EMR: Care Activity/Discharge and/or Discharge *Standards:* ***NPSG.03.06.01***	___ Yes | ___ No | ___ NA	
43. Prescribed medications added to medication list for ED patient Refer to EMR: Discharge *Standards:* ***NPSG.03.06.01***	___ Yes | ___ No | ___ NA	
Restraint - Behavioral	**Answer**	**Comments**
44. Individualized assessment performed for behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Restraints Violent Assessment *Standards:* ***PC.03.05.11, CMS 482.13.(e)***	___ Yes | ___ No | ___ NA	
45. Physician order within 1 hour of initiation and Face to Face evaluation performed within 1 hour of initiation for behavioral restraint (N/A if not applicable) Refer to paper chart *Standards:* ***PC.03.05.05, PC.03.05.11, CMS 482.13.(e)***	___ Yes | ___ No | ___ NA	
46. Behavioral restraint order is time limited (N/A if not applicable) Refer to paper chart *Standards:* ***PC.03.05.05***	___ Yes | ___ No | ___ NA	
47. PRN order not used for behavioral restraint (N/A if not applicable) Refer to paper chart *Standards:* ***PC.03.05.05, CMS 482.13.(e)***	___ Yes | ___ No | ___ NA	
48. Renewal order obtained every 4 hours by Hub C3 or CC NM and by MD every 8 hours for behavioral restraint (N/A if not applicable) Refer to paper chart *Standards:* ***PC.03.05.05, CMS 482.13.(e)***	___ Yes | ___ No | ___ NA	

49. In-person evaluation for continued behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Restraint Violent Assessment *Standards:* ***PC.03.05.05, CMS 482.13.(e)***	___ Yes | ___ No | ___ NA	
50. Monitoring and needs assessment documented every 15 minutes for behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Restraints Violent Assessment *Standards:* ***PC.03.05.07, CMS 482.13.(e)***	___ Yes | ___ No | ___ NA	
51. Plan of care reviewed and modified for behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Plan of Care, Outcomes *Standards:* ***PC.03.05.03***	___ Yes | ___ No | ___ NA	
Restraint - Non-behavioral	**Answer**	**Comments**
52. Individualized assessment performed for non-behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Restraints Non-Violent Assessment *Standards:* ***PC.03.05.09***	___ Yes | ___ No | ___ NA	
53. Physician order within 12 hours of initiation of non-behavioral restraint (N/A if not applicable) Refer to EMR: Order History *Standards:* ***PC.03.05.05***	___ Yes | ___ No | ___ NA	
54. Physician examination within 24 hours of initiation of non-behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Restraints Non-Violent Assessment *Standards:* ***PC.03.05.05***	___ Yes | ___ No | ___ NA	
55. Non-behavioral restraint order is time limited (N/A if not applicable) Refer to EMR: Order History *Standards:* ***PC.03.05.05***	___ Yes | ___ No | ___ NA	
56. PRN order not used for non-behavioral restraint (N/A if not applicable) Refer to EMR: Order History *Standards:* ***PC.03.05.05, CMS 482.13.(e)***	___ Yes | ___ No | ___ NA	
57. Renewal order every 24 hours for non-behavioral restraint (N/A if not applicable) Refer to EMR: Order History *Standards:* ***PC.03.05.05***	___ Yes | ___ No | ___ NA	
58. Physician reassessment for continued non-behavioral restraint each calendar day (N/A if not applicable) Refer to EMR: Care Activity/Restraints Non-Violent Assessment *Standards:* ***PC.03.05.09***	___ Yes | ___ No | ___ NA	
59. Monitoring and reassessments documented every two hours for non-behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Restraints Non-Violent Assessment *Standards:* ***PC.03.05.07***	___ Yes | ___ No | ___ NA	

60. Plan of care reviewed and modified for non-behavioral restraint (N/A if not applicable) Refer to EMR: Care Activity/Plan of Care, Outcomes *Standards:* ***PC.03.05.03***	___ Yes | ___ No | ___ NA	