



Facility Name:		IP N°		Year:	
1 This is a combined audit to be completed by nursing and medical team. 2 Audit a <u>minimum</u> of 5 records per month (60 records in the year). 3 Record the final score on the monthly clinical and record audit summary tool.					
Not applicable (NA):	Does not apply to the unit, or individual assessment.				
Non-Compliant (NC):	<50% compliance. The required standard is not present or is present less than 50% of the time.				
Partially Compliant (PC):	50 - 79% Compliance. The required standard is present but incomplete or present less than 80%.				
Compliant (C):	80 -100% Compliance. The required standard is completed fully or is present more than 80%.				

Part A: GENERAL FOR ALL CONDITIONS

DOCUMENTATION		NA	NC	PC	C	COMMENT
1	This paediatric patient record reflects comprehensive, quality care					
2	Record was compiled according to the Good record keeping guideline					
3	Clinical notes are legible					
4	Patient name and initials recorded on every page					
5	Patient number recorded on every page					
6	Date of birth recorded wherever indicated					
7	Identifiable name, signature and designation for every entry					
8	Every admission is clearly recorded including brief summary					
9	Clinical notes, including referral letters, in chronological order					
10	Every referral to other services is recorded clearly					
11	The findings and plans of other services involved in the patient's care are clearly documented					
12	Abbreviations are kept to a minimum or defined					
13	Primary care giver name & contact details recorded as indicated					
DOCUMENTATION totals (13)						

HISTORY, ASSESSMENT AND PLANNING

14	Triage performed					
15	Date and time of the assessment at the nursing station					
16	Consultation times of doctor recorded					
17	Enquiry of priority problems (IMCI)					
History updated including:						
18	• presenting problem					
19	• family medical (TB & HIV status)					
20	• child's medical					
21	• nutrition/feeding					
22	• Behaviour and development					
23	• immunisations					
24	Social background, home circumstances & household income updated					
25	Physical assessment performed					
26	Development assessed (milestones & schooling)					
27	Nutrition/feeding assessed- including plotting of growth parameters					
28	Assessed for comorbidities					
29	Details of medical findings leading to a diagnosis are recorded					
30	Immediate management given					
31	HCT/PICT offered					
32	HIV testing and staging completed					
33	Evidence of repeated TB screening done					
34	Special/ Advance care plan reviewed and updated if relevant					
ASSESSMENT AND PLANNING totals (21)						

MANAGEMENT AND COUNSELLING		NA	NC	PC	C	COMMENT
35	Results sheet completed with signatures for all investigations					
36	Results followed up – neuroimaging; drug levels etc					
37	Carer counselled re child's specific condition					
38	Follow up arrangements made and carer informed					
MANAGEMENT AND COUNSELING totals (4)						

Part B: MANAGEMENT OF SPECIFIC CONDITIONS						
NB. Only assess for the condition/s that the child has as reflected in the record. Mark other conditions not applicable (NA) and subtract these totals (x2) from the total possible score for the audit. NB. Select records with a different common condition each month, to ensure each condition is audited at least twice each year.						
1. CEREBRAL PALSY (CP)		NA	NC	PC	C	COMMENT
History of condition obtained, including details of:						
39	CP presentation					
40	Vision and hearing					
41	Cognitive ability					
42	Functional ability					
43	Seizure activity					
44	Rehab. programme					
Assessment						
45	Assessed at least 6 monthly					
46	Assessed by a multidisciplinary team including doctor, rehab. team & dietician					
47	Assessed for complications – pressure sores, dislocations etc					
48	Rehab. Team assessments included physiotherapy, occupational therapy, audiology and speech therapy					
49	Functional ability assessed using relevant tools eg GMFCS					
Management						
50	Symptoms, including pain, spasms or functional impairment, managed					
Caregiver education, counselling and support included:						
51	Equipped as the primary caregiver-skills development and transference (parent involved in all activities)					
52	Referred to support groups/ programmes eg Hambisela, Malumalele, uMduduzi					
CEREBRAL PALSY totals (14)						
GMFCS= Gross motor function classification system						

2. EPILEPSY		NA	NC	PC	C	COMMENT
Assessment						
53	Neurological assessment performed					
54	Fit chart reviewed					
Management						
55	Correct drug prescribed for seizure type/age (as per EDL)					
56	Correct dose for weight prescribed					
57	Correct frequency prescribed					
Caregiver education, counselling and support included:						
58	Carer received ongoing education eg first aid for seizures					
EPILEPSY totals (6)						

3. ASTHMA		NA	NC	PC	C	COMMENT
History included the following details:						
59	Day and night-time symptoms					
60	Exercise tolerance					
61	School attendance /absenteeism					
62	Current treatment					
63	Response to rescue medicine					
64	History of allergic rhinitis and level of control					

Assessment						
65	Respiratory examination					
66	Pertinent ENT examination					
67	Atopy assessed					
68	Inhaler technique assessed					
69	Peak flow					
70	Severity of asthma assessed					
Management						
71	Correct medicine prescribed					
Caregiver education, counselling and support included:						
72	Carer received ongoing health education eg.					
ASTHMA totals (14):						

NB. Bring forward ALL subtotals. Subtract any not applicable (NA x 2) items from the Total score.									
Subtotals brought forward	NA	NA x 2	PC	C	C x 2	Column A	Column B	A / B	X 100
						PC+ (C x 2)	Total Possible Score		
Part A Documentation							26		%
Assessment and planning							42- (NA x 2)		%
Management & counselling							8- (NA x 2)		%
Part B Cerebral palsy							28- (NA x 2)		%
Epilepsy							12- (NA x 2)		%
Asthma							28- (NA x 2)		%
Final Score:							144- (NA x 2)		%

Assessed by:			
Sign:		Print:	
Registration N°		Date:	
Sign:		Print:	
Registration N°		Date:	