KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

TOOL 12: CLINICAL AUDIT ADVANCE CARE PLAN

FACILITY NAME:		YEAR:	
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%.		

	PATIENT DETAILS	NC	PC	C	COMMENT
1	Name and initials wherever indicated				
2	Hospital number wherever indicated				
3	Date of birth wherever indicated				
4	Name and contact details of caregiver wherever indicated				
5	Date of care plan documented				
6	Date for review of plan documented				
	PATIENT DETAILS TOTAL (6):				

	PARTICIPANTS IN PLAN	NC	PC	C	COMMENT
7	Child's participation in plan documented if appropriate				
8	Primary caregiver name documented				
9	Any other family member involved in plan documented				
10	Name of staff involved in plan documented				
11	All participants signed care plan				
	PARTICIPANTS IN PLAN TOTAL (5):				

	CARE PLAN CONTEXT AND TREATMENT LEVELS	NC	PC	C	COMMENT
12	Diagnosis and current management plan recorded				
13	Current symptoms/problems assessed				
14	Reason for Advance care plan, according to category of condition, requiring palliative care selected appropriately				
15	Resuscitation plan and Intervention level determined				
16	Intervention level and category of condition consistent				
17	Child & caregiver's insight & understanding assessed				
	CARE PLAN CONTEXT AND TREATMENT LEVELS TOTAL (6):				

	PLANS MOVING FORWARD	NC	PC	C	COMMENT
18	Ongoing goals of care recorded (Including Psychosocial & Spiritual needs)				
19	Planned place of care recorded				
20	Wishes during life discussed				
21	Symptoms and anticipated problems documented				
22	Management plan documented for each symptom/problem				
23	Possible end of life events documented				
	PLANS MOVING FORWARD TOTAL (6):				

	MEDICATION	NC	PC	C	COMMENT
24	Child's weight recorded				
25	Current medications listed with dosing, frequency and route				
26	Indications for each medication given and when to stop				
27	Possible future medications listed with dosing instructions				
28	Clear indications given for use of each future medication				
	MEDICATION TOTAL (5):				

SUPPORT AND FOLLOW-UP		NC	PC	C	COMMENT
29	Additional support needs assessed				
30	Details of available support providers documented				
31	Follow up details recorded				
	SUPPORT AND FOLLOW-UP TOTAL (3):				

FILE DOCUMENTATION AND COPIES		NC	PC	C	COMMENT
32	Copy of Care Plan in patient's file				
33	Copy of Care Plan given to caregiver and sent to base hospital				
34	Care Plan reviewed and updated as required				
	FILE DOCUMENTATION AND COPIES TOTAL (3):				

NB. Bring forward **ALL** subtotals.

SUBTOTALS BROUGHT FORWARD	PC	C	(Cx2)	Column A PC+ (Cx2)	Column B	A/B	X100
Patient details					12		%
Participants in plan					10		%
Care plan context & treatment levels					12		%
Plans moving forward					12		%
Medication					10		%
Support and follow-up					6		%
File documentation and copies					6		%
FINAL SCORE:					68		%

ASSESSED BY:			
Sign:		**Print:**	
Registration Nº		**Date:**	
Sign:		**Print:**	
Registration Nº		**Date:**	