

FORM B Paediatric Medication Chart Prescribing Audit

Queensland Health Please print clearly using BLOCK CAPITALS within boxes and SHADE circles to answer ALL questions	
UR NO. BED NO. HOSPITAL	
WARD REVIEWER 1 (First initial & Surname)	
AUDIT DATE REVIEWER 2 (First initial & Surname) 1. Observation	
1.1 No. 'once only medicines'	
1.2 No. telephone orders	
1.3 No. current regular medications + ceased orders	
1.4 No. current PRN medications + ceased PRN orders	
2. Patient Identification & Weight	
2.1 Total current Medication Charts (ie. charts in use)	
2.2 No. current Medication Chart pages with complete ID (handwritten / label)	
2.3 No. current <i>Medication Chart</i> pages with ID label	
2.4 No. ID labels with printed patient Name below	
2.5 No. charts with Chart in Use section completed	
2.6 Weight recorded Yes O No	
2.7 BSA recorded	
2.8 Height recorded O Yes O No	
2.9 Gestational Age recorded Ves O No	
3. Adverse Drug Reaction (ADR) Details, Alerts & Errors	
3.1 NKDA / Unknown ticked or written or ADR documented ○ Yes ○ No 3.2 Clinician signature documented for ADR History ○ Yes ○ No	
3.3 Patient has previous ADR	
If 'No' or 'Unknown', go to 4	
3.5 Similar Class medication prescribed (document at bottom of Page 2 - <i>Comments</i>) Yes O No	
3.6 No. previous ADRs	
3.7 No. ADR medication names documented	
3.8 No. ADR Reaction details documented	
3.9 No. pages with ADR alert stickers in place	
4. Clinical Pharmacy	
4.1 No. orders with pharmacist annotation inc. supply / initials (regular & PRN)	
4.2 No. pharmacist annotation on chart (exclude initials) (regular & PRN)	
4.3 No. 'Additional Information' complete (regular & PRN)	
4.4 No. days clinical pharmacist review (ie. initials at bottom of chart)	
4.5 No. days <i>Medication Chart</i> used	
5. Administration Documentation (exclude 'Once Only', Telephone & PRN)	
5.1 No. <i>Doses</i> double signed	
5.2 No. Doses not signed as being administered	
5.3 No. Not Administered codes	
5.4 No. Not Administered codes circled	

Form not suitable for photocopying or transmission by facsimile SCANNABLE FORM: DO NOT BEND OR FOLD THIS PAGE Safe Medication Practice Unit



Page 2 Paediatric Medication Chart Prescribing Audit

Please print clearly using BLOCK CAPITALS within boxes and SHADE circles to answer ALL questions
UR NO.
6 - 8. Prescribing: 'Once only', Telephone, Regular & PRN Orders
6.1 No. medications with <i>Trade Name</i> only (all orders)
6.2 No. medications with Name unclear (all orders)
6.3 No. Sustained Release medications (regular orders)
6.4 No. Sustained Release medications with SR box ticked (by prescriber)
6.5 No. Duplicated orders (document drug at bottom of page - Comments) (all orders)
6.6a No. medications with Route unclear (all orders)
6.6b No. medications with Route incorrect or missing (all orders)
6.7a No. medications with Dose unclear (all orders)
6.7b No. medications with Dose incorrect / missing (all orders)
6.7b No. medications with Dose incorrect / missing (all orders). 6.8 No. Ods used as Frequency (regular orders) 6.9a No. with Frequency unclear (regular only excl. Ods)
6.9b No. with Frequency incorrect or missing (regular only excl. Ods)
6.10 No. intermittent medications prescribed (ie. weekly, fortnightly, twice weekly)
6.11 No. intermittent medications prescribed but not boxed by prescriber (ie. weekly, fortnightly, twice weekly)
6.12 No. orders with Administration Times entered by prescriber (regular orders - exclude warfarin)
6.13 No. Administration Times not correlating with Frequency (regular orders)
6.14 No. Administration Times not correlating with Frequency entered by prescriber (regular orders)
6.15 No. orders with an Indication documented (by prescriber - regular orders)
6.16 No. mg/kg dose calculation (by prescriber - regular & prn)
6.17 No. ceased orders (regular & PRN)
6.18 No. orders ceased according to hospital policy (regular & PRN)
7.1 No. missing PRN Frequencies (eg. morphine 2.5mg PRN)
7.2 No. unclear PRN Frequencies (eg. BD, TDS, QID)
7.3 No. PRN orders with an <i>Indication</i> documented (by prescriber)
7.4 No. PRN orders with <i>Maximum Dose</i> documented (by prescriber)
8.1 No. orders signed by prescriber (all orders)
8.2 No. orders where prescriber name is clear (all orders)
9. Medication History
9.1 Medication History documented / cross referenced on Medication Chart O Yes O No

MedChart_FormB_PAED_v1_Apr08

10. Comments

Form not suitable for photocopying or transmission by facsimile SCANNABLE FORM: DO NOT BEND OR FOLD THIS PAGE

Safe Medication Practice Unit