

NEURAXIAL OPIOID SINGLE DOSE adult chart audit		Shaded section may be not-applicable (na)																				Site:		
Audit Date:																								
Mark "1" if item present/correct Mark "na" if item not applicable or not used																							Totals	%
Total charts audited (Mark "1" for each chart audited)		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	
1 Neuraxial opioid documentation, allergy/ADR																								
Patient identification present and correct		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Allergy ADR section completed in full		1	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	1	1	1	1	1	19	95%
Pain specialist referral (for private patients only)																							0	0%
Frequency of observations box ticked		1	1	1	1	1	x	1	1	1	1	1	1	x	1	1	1	1	x	1	1	17	85%	
Date		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Time		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Opioid name		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Route		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Dose given		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Medical officer signature / printed name legible		1	1	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	x	1	1	18	90%	
Contact		1	1	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	x	1	1	18	90%	
Total 10/10 or 11/11		10	10	10	10	10	9	10	10	10	10	9	10	8	9	10	10	10	7	10	10			
Mark "1" if all items are correct		1	1	1	1	1	x	1	1	1	1	x	1	x	x	1	1	1	x	1	1	15	75%	
2 OXYGEN THERAPY INSTRUCTION																								
Oxygen therapy as per default instruction		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Individual oxygen therapy instructions written																							0	0%
3 NALOXONE PRESCRIPTION																								
Mark "1" if NOT prescribed																							0	
Mark "1" if naloxone WAS prescribed		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	
Date		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Drug 'naloxone'		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Route		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Dose		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Number of doses		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Frequency		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Dose given		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Prescriber's signature / printed name legible		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	100%
Contact		1	1	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	x	1	1	18	90%	
Total 9/9		9	9	9	9	9	9	9	9	9	9	9	8	9	9	9	9	9	8	9	9	178		
TOTAL CORRECT: Mark "1" if all items are correct		1	1	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	x	1	1	18	90%	

