

NEURAXIAL OPIOID SINGLE DOSE adult chart audit		Shaded section may be not-applicable (na)																				Site:			
Audit Date:																						Totals	%		
Mark "1" if item present/correct Mark "na" if item not applicable or not used																									
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	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	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	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	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	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	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	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	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	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	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	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	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	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	1	20	
Date		1	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	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	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	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	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	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	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	1	20	100%
Contact		1	1	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	x	1	1	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	1	1	18	90%

4 NALOXONE ADMINISTRATION																						
Mark "1" if NOT administered	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	19
Mark "1" if naloxone WAS administered															1							1
Date															1							1
Time															1							1
Route															1							1
Dose															1							1
Signatures x 2															1							1
Total 5/5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	
TOTAL CORRECT: Mark "1" if all items are correct															1							1
9 OBSERVATIONS																						
Patient identification on all completed pages	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20
Pain scores "R" rest and "M" movement used	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	X	1	1	1	19
Sedation scores recorded	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	X	1	1	1	1	1	19
Respiratory rate	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20
Oxygen therapy	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20
Oxygen device mode	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20
Motor block assessment	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20
Nausea and vomiting	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20
Pruritus	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	X	1	X	1	1	1	18
Initial	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	X	1	X	1	1	1	18
Frequency of observations as per policy	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20
Total 11/11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	8	11	8	11	11		
TOTAL CORRECT: Mark "1" if all items are correct	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	X	1	X	1	1	1	18
10 YELLOW AND RED ZONE OBSERVATIONS																						
Mark "1" if NO observation(s) in Yellow or Red Zone	1	1	1	1	1	1	1	1	1	1		1	1		1	1	1	1	1	1	1	18
Mark "1" if PAIN SCORE in Yellow Zone								1	1													2
Mark "1" if SEDATION SCORE in Yellow or Red Zone											1											1
Mark "1" if RESPIRATORY RATE in Yellow or Red Zone																		1				1
Mark "1" if MOTOR BLOCKADE in Yellow Zone															1							1
PAIN SCORE Yellow Zone and action is taken												1										1
SEDATION SCORE Yellow or Red zone and action is taken																			1			1
RESPIRATORY RATE Yellow or Red Zone and action is taken																			1			1
MOTOR BLOCKADE Yellow Zone and action is taken														1								1