Continuous medical record improvement tool for registration and further visits

Sexual Health Service	Auditor Name:									Auditee Name:									
Client:	1			2			3			4			5			6			
UR no.:																			
DOCUMENTATION	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	COMMENTS:
1.1 Reason for attendance																			
1.2 Presence of symptoms / asymptomatic																			
1.3 Past medical / surgical history																			
1.4 Allergies																			
1.5 Sexual history/risk assessment																			
1.6 Alcohol and other drug history																			
1.8 Investigations																			
1.9 Diagnosis																			
1.10 Management plan																			
1.11 Sexual health education																			
1.12 Immediate management documented																			
1.13 Examination is documented																			

DATA ENTRY	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	COMMENTS:
2.1 Diagnostic codes are completed and correct																			
2.2 MDS code complete																			
2.3 Client details are correct																			
2.4 Client details reviewed and updated including method of contact																			
2.5 Details are legible																			
MANAGEMENT	**Y**	**N**	**N/A**	**Y**	**N**	**N/A**	**Y**	**N**	**N/A**	**Y**	**N**	**N/A**	**Y**	**N**	**N/A**	**Y**	**N**	**N/A**	**COMMENTS:**
3.1 Medical officer or counselling services have been consulted as directed in SOP																			
3.2 Management complies with SOP policies and procedures																			
3.3 Verbal instructions to client are documented																			
3.4 Contact tracing documented																			
3.6 Delegation of responsibility adhered to																			
MEDICATION	**Y**	**N**	**N/A**	**Y**	**N**	**N/A**	**Y**	**N**	**N/A**	**Y**	**N**	**N/A**	**Y**	**N**	**N/A**	**Y**	**N**	**N/A**	**COMMENTS:**
4.1 Appropriate medication ordered																			
4.2 Complete medication order (drug, dose, route, time, date)																			
4.3 Nurse supply and administration according to protocol/procedure																			
4.4 IM drug batch no, / exp. date, site documented																			
4.5 Instructions on medication use documented																			
4.6 Verbal instructions to client documented																			