

## NOTE

Page 321-004go-001 – Index of Clinical Audits – Not issued

Page 321-004go 002 – Audit Topic Proposal form – Sedation of children – Not issued

Page 321-004go 003 – Audit of children requiring sedation for radiology procedures – Not Issued

28/Aug/03

### AUDIT TOPIC PROPOSAL FORM

TITLE OF PROJECT:

Medicine Kardex Audit

OBJECTIVE: To assess the level of compliance to hospital Paediatric Standards.  
To improve if necessary.

STANDARDS / GUIDELINES: Alltagelwin Group of Hospitals Directorate of Patient Services Nursing protocol 2/95, The use & control of medicines July 93  
control & administration of medicines, Alltagelwin Hospitals, 4th Edition 2000.  
Guidelines for the Administration of medicines UKCC 2000.

AUDIT REQUESTED BY :

SOURCE OF AUDIT:

LOCAL

☒

REGIONAL

☐

NATIONAL

☐

METHOD:

Questionnaire & Kardex Review

WHERE DO YOU INTEND TO PRESENT RESULTS? Perinatal meeting

AUDIT DEPT ASSISTANCE REQUIRED:

YES

☒

NO

☐

CASENOTES: (HOW MANY?) IN THE 1<sup>ST</sup> INSTANCE 50 SETS OF CASENOTES WILL BE PROVIDED

50

DATA EXTRACTION

☐

ANALYSIS

☒

PRESENTATION

☐

NAME OF PARTICIPANTS:

PRIMARY CONTACT:

CONTACT TEL No.: Bleep

COMMENCEMENT DATE:

1/10/03

COMPLETION DATE:

2/11/03.

Line Manager Signature :

(to state that he/she has approved this audit will take place)

HAVE YOU ENCLOSED A COPY OF YOUR AUDIT TOOL i.e Proforma, Questionnaire etc

YES

☒

NO

☐

SEE OVER FOR FURTHER INFORMATION

Page 1 of 2

**SCHEDULE OF CLINICAL AUDIT**  
**COMMITTEE MEETINGS**

TUESDAYS - 1.00PM

7<sup>TH</sup> JANUARY 2003

4<sup>TH</sup> MARCH 2003

6<sup>TH</sup> MAY 2003

1<sup>ST</sup> JULY 2003

2<sup>ND</sup> SEPTEMBER 2003

4<sup>TH</sup> NOVEMBER 2003

All requests for audit assistance will be discussed by the Clinical Audit Committee, the schedule of meeting is detailed above. You will receive a letter within 2-3 days after the meeting informing you of assistance that will be available to you and how quickly your project will commence.

In urgent circumstances, the Chairman, Dr M Parker can give approval for a study to commence and audit assistance to begin.

If you consider you need an urgent audit commenced before the next meeting, Please indicate why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to Dr Parker, Clinical Audit Office, Altnagelvin Hospital.**

DATE RECEIVED :

AUDIT COMMITTEE APPROVAL: YES

☐

NO

☐

20/02

## AUDIT TOPIC PROPOSAL FORM

TITLE OF PROJECT: DOCUMENTATION AUDIT OF COMPUTERISED CARE  
PLANS IN NNICH  
AUDIT IN NNICH ON DM NURSE

OBJECTIVE: TO IDENTIFY ANY WEAKNESSES WHEN  
USING THE DM NURSE SYSTEM.  
To assess the standard of record keeping in the computerized

STANDARDS / GUIDELINES: Care plans and identify areas for  
improvement and staff development.  
Guidelines for records and record keeping MMS

AUDIT REQUESTED BY: [REDACTED]

SOURCE OF AUDIT: LOCAL ☒ REGIONAL ☐ NATIONAL ☐

METHOD: PREVIOUSLY USED QUESTIONNAIRE FOR DM NURSE  
QUESTIONNAIRE DEvised IN NNICH

WHERE DO YOU INTEND TO PRESENT RESULTS? in NNICH

AUDIT DEPT ASSISTANCE REQUIRED: YES ☒ NO ☐

CASENOTES: (HOW MANY?) IN THE 1<sup>ST</sup> INSTANCE 50 SETS OF CASENOTES WILL BE PROVIDED

DATA EXTRACTION

☒

ANALYSIS

☒

PRESENTATION

☐

NAME OF PARTICIPANTS: mmcCarthy + other staff members.

PRIMARY CONTACT: CONTACT TEL No.: 3547.

COMMENCEMENT DATE:

COMPLETION DATE:

Line Manager Signature: [REDACTED]

(to state that he/she has approved this audit will take place)

HAVE YOU ENCLOSED A COPY OF YOUR AUDIT TOOL i.e Proforma, Questionnaire etc

08 JUL 2003

YES ☐

NO ☒

SEE OVER FOR FURTHER INFORMATION

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**COMMITTEE MEETINGS**

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**4<sup>TH</sup> MARCH 2003**

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\_\_\_\_\_  
\_\_\_\_\_

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DATE RECEIVED :

AUDIT COMMITTEE APPROVAL: YES

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NO

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*GAIC*