Data Collection for Audit of Documentation of Fluid Requirements &Balance on Surgical Children

1. Age of patient_____
2. Type of surgery_____
3. Hospital No._____
4. Is the patient's name on the chart? Yes ☐ No ☐
5. Is the patient's ward on the chart? Yes ☐ No ☐
6. Is the date on the chart? Yes ☐ No ☐
7. Is the Hospital No. on the chart? Yes ☐ No ☐
8. Was it totalled at the end of the day? Yes ☐ No ☐
9. Is it accurate? Yes ☐ No ☐
10. Is the patient on IV fluids? Yes ☐ No ☐
11. Type of IV infusion_____
12. How many Mls/kg fluids was the patient commenced on?_____
13. Are they prescribed? Yes ☐ No ☐
14. If yes, are they legible? Yes ☐ No ☐
15. Are they signed? Yes ☐ No ☐
16. Were they commenced as ordered on prescription Yes ☐ No ☐
17. Any changes noted on chart e.g. tissued etc Yes ☐ No ☐

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18. Was the patient weighed on admission/prior to IV fluids?

    Yes ☐ No ☐
19. Has the patient had a U&E checked prior to IV Fluids? Yes ☐ No ☐

20. Has the patient had a U&E checked daily while on fluids? Yes□ No □

21. Was urinary output entered by (a) amount e.g. mls □

(b) Description e.g. PU □

(c) No detail □

(d) "++++" □

22. Had the patient diarrhoea Yes □ No □

23. If yes, how is it described? (a) By amount e.g. mls □

(b) By " + + +" □

(c) By description e.g. large □

(d) No detail □

24. Was the patient vomiting Yes □ No □

25. If yes, how is it described? (a) By amount e.g. mls □

(b) By " + + +" □

(c) By description e.g. large □

(d) No detail □

26. Is the intake recorded regularly e.g. after each meal Yes □ No □ Fasting □

27. Are all oral fluids (including medicines) recorded?

28. If so, are IV fluids adjusted accordingly?