AUDIT TOPIC PROPOSAL FORM

TITLE OF PROJECT: IV Fluids in children.

OBJECTIVE: To identify electrolyte disturbance + correct usage of Fluid in children.

METHOD: Information to be taken from notes all children Admitted with 1/7/02 → 31/7/02

STANDARDS: From Dept of Health guidelines.

AUDIT DEPT ASSISTANCE REQUIRED: YES [✓] NO [ ]

IF YES, PLEASE SPECIFY:

CASENOTES: (HOW MANY?)	[✓] ~50
DATA EXTRACTION (DEMOGRAPHIC DETAILS ONLY)	[ ]
ANALYSIS	[✓]
PRESENTATION (ACETATES ETC.)	[✓]

NAME OF PARTICIPANTS: J. Devlin

PRIMARY CONTACT: J. Devlin Paeds 5th/O.

PROPOSED AUDIT COMPLETION DATE: Oct 2002.

WHERE DO YOU INTEND TO PRESENT: CGC.

FUNDING AVAILABLE: YES [ ] NO [✓]

SOURCE OF AUDIT: LOCAL [✓] REGIONAL [ ] NATIONAL [ ]

Line Manager signature :
(to state that he/she has approved this audit will take place)

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

DATE RECEIVED : 22/9/02

AUDIT COMMITTEE APPROVAL: YES [✓] NO [ ]