

AUDIT TOPIC PROPOSAL FORM

TITLE OF PROJECT:

Audit of intake and output charts in CHW admitted for Surgery.

OBJECTIVE: To determine the documentation on intake and output charts
~~in children~~ on children who have had surgery

STANDARDS / GUIDELINES:

Record and Recordkeeping guidelines - NMC.
Guidelines on fluid replacement in Post Op./Surgical children. D of H.

AUDIT REQUESTED BY: Miss Sudder, Director of Nursing.

SOURCE OF AUDIT: LOCAL ☒ REGIONAL ☐ NATIONAL ☐

METHOD: Retrospective

A list of patients from Informativ Dept.

WHERE DO YOU INTEND TO PRESENT RESULTS? Department of Nursing + Rish Maryam

AUDIT DEPT ASSISTANCE REQUIRED:

YES ☒ NO ☐

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

DATA EXTRACTION

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ANALYSIS

☒

PRESENTATION

☒

NAME OF PARTICIPANTS: Anne Marie McGuck

PRIMARY CONTACT: AM McGuck.

CONTACT TEL No.: [REDACTED]

COMMENCEMENT DATE: ASAP.

COMPLETION DATE: July 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

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NO

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SEE OVER FOR FURTHER INFORMATION

SCHEDULE OF CLINICAL AUDIT
COMMITTEE MEETINGS

TUESDAYS - 1.00PM

7TH JANUARY 2003

4TH MARCH 2003

6TH MAY 2003

1ST JULY 2003

2ND SEPTEMBER 2003

4TH 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

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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. tissue 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?

***Audit of Documentation
of
Fluid Requirements & Fluid Balance
on
Children following Surgery
July 2003***

***The Clinical Audit Department
Altnagelvin Area Hospital***

***Audit of Documentation
of Fluid Requirements & Fluid Balance
on Children following Surgery***

Standards used:

'Any child receiving Prescribed Fluids is at risk of Hyponatraemia'
Department of Health Guidelines (2002)
'Guidelines for Record and Record Keeping' Nursing & Midwifery
Council (April 2002)

1. Age of patient

7yrs – 15%
8yrs – 7%
9yrs – 7%
10yrs – 50%
12yrs – 7%
13yrs – 7%
15yrs – 7%

2. Male – 64% Female – 36%

3. Type of surgery

Appendicectomy – 86%
Removal of cyst – 7%
Torsion of testes – 7%

4. Is the patient's name on the chart?

Yes 93% No 7%

5. Is the patient's ward on the chart?

Yes 50% No 50%

6. Is the date on the chart?

Yes 86% No 14%

7. *Is the Hospital No. on the chart?*

Yes 29% No 71%

8. *Was it totalled at the end of the day?*

Yes 0% No 100%

9. *Is the patient on IV fluids?*

Yes 100% No 0%

10. *Type of IV infusion*

0.45% NACL + 2.5% Dextrose 93%
3(23%) of these also had 0.9% NACL

Hartman's Solution 7%

11. *How many Mls/kg fluids was the patient commenced?*

Maintenance Fluids (DoH guidelines) 93%

100mls/hr x 6 hrs on return from theatre 7%

12. *Are they prescribed?*

Yes 100% No 0%

13. *If yes, are they legible?*

Yes 100% No 0%

14. *Are they signed?*

Yes 86% No 14%

15. *Were they commenced as ordered on prescription*

Yes 100% No 0%

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

Yes 93% No 7%

17. Has the patient had a U&E checked prior to IV Fluids?

Yes 86% No 14%

18. Has the patient had a U&E checked daily while on fluids?

Yes 86% No 0% N/A 14%

19. Any changes noted on chart e.g. tissues etc

- 500mls NACL infused over 1 hr. as not passed urine
- Fluids discontinued x 2 hrs. – Reason not documented
- 200mls infused in theatre but not entered on chart
- Fluids stopped for antibiotics – documented on chart
- Cannula tissues – documented on chart
- Stopped to go to X-ray – documented on chart
- Fluids in theatre not entered on chart – “bag disposed of in theatre”
- Fluids reduced – documented on chart
- No fluids entered for time in theatre – left blank
- Fluids changed to 0.9% NACL as Na low – documented in care plan
- Fluids discontinued as prescribed – documented
- Fluids in Theatre commented on – but no total entered
- Fluids stopped for period - documented but not reason
- 500mls infused in theatre but not entered on chart
- 300mls infused in theatre but not entered on chart – left blank

20. Was urinary output entered by (a) amount e.g. mls **62%**

(b) Description e.g. PU **100%**

(c) No detail **7%**(in one 24hr)

(d) “++++” **0%**

21. *Had the patient diarrhoea* **Yes 14% No 86%**

22. *If yes, how is it described?* (a) *By amount e.g. mls* **0%**

(b) *By " + + + "* **0%**

(c) *By description e.g. large* **100%**

(d) *No detail* **0%**

23. *Was the patient vomiting* **Yes 36% No 64%**

24. *If yes, how is it described?* (a) *By amount e.g. mls* **60%**

(b) *By " + + + "* **0%**

(c) *By description e.g. large* **60%**

(d) *No detail* **0%**

25. *Is the intake recorded regularly e.g. after each meal*

Yes 100% (after period of fasting)

26. *If so, are IV fluids adjusted accordingly?*

Yes 93% No 7%

Comment – on 2 occasions oral fluids tolerated for 12 and 15 hrs before fluids reduced