

AUDIT TOPIC PROPOSAL FORM

RECEIVED
01 SEP 2004

TITLE OF AUDIT: are we completing our IV fluid sheets correctly?

AUDIT OBJECTIVE: To find out if IV fluid sheets are being completed and being used correctly in the paediatric unit.

STANDARDS / GUIDELINES MEASURING: IV Therapy Policy and N.I. Paed Benchmarking Fluid Balance

SOURCE OF AUDIT: ALTNAGELVIN ☒ REGIONAL ☐ NATIONAL

METHOD: To use a questionnaire tick system and from copies of fluid sheets check ^{the} ~~complete~~ necessary form.

WHERE DO YOU INTEND TO PRESENT RESULTS? locally within our department

CLINICAL AUDIT DEPARTMENT ASSISTANCE

Please tick required assistance

CASENOTES / X-RAYS IN THE 1ST INSTANCE 50 SETS OF CASENOTES WILL BE PROVIDED How many?

QUESTIONNAIRE DESIGN Yes ☒ No ☐

DATA EXTRACTION FROM CASE NOTES Yes ☐ No ☒

ANALYSIS Yes ☒ No ☐

PRESENTATION Yes ☒ No ☐

NAME OF PARTICIPANTS: Se McKenna

PRIMARY CONTACT: WAB

CONTACT TEL NO.: [REDACTED]

COMMENCEMENT DATE:

COMPLETION DATE:

Line Manager Signature:

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

If you have not requested assistance with your questionnaire, please enclose a copy of audit questionnaire you intend to use. Failure to do so may delay the start of your audit

SEE OVER FOR FURTHER INFORMATION

SCHEDULE OF CLINICAL AUDIT
COMMITTEE MEETINGS

TUESDAYS - 1.30PM

6TH JANUARY 2004	Closing date 29th December
2nd MARCH 2004	Closing date 23rd February 2004
4TH MAY 2004	Closing date 26th April 2004
6ST JULY 2004	Closing date 28th June 2004
7th SEPTEMBER 2004	Closing date 31st August 2004
2nd NOVEMBER 2004	Closing date 25th October
2004	

The Clinical Audit Committee will discuss all requests for audit assistance, the schedule of meetings are detailed above. You will receive a letter within 2-3 days after the meeting informing you of assistance that will be available to you.

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

☐

Is the hospital number completed on IVF sheet. —

Is the pt details wgt. —

wd —

com. —

name —

date —

drop. —

E-Mail

Is the IV Site checked hourly — Yes/No.

Is the IV site key (Score 0-2) completed — Yes/No

Is it Completed Correctly — Y/N.

Is the IV fluid ~~intake~~ box Completed. — Y/N.
24 hr total.

are there any comments made but not signed by staff — Y/N.

A) Is the pt on Restricted fluids — Y/N.

Re. Prescription B) Was the I/O strictly recorded — Y/N/N/A.

Is the fluid Prescription clear to read — Y/N.

When Prescribed does the Dr. Date + time the prescription. — Y/N.

Are the IV fluid Prescrip checked + signed by 2. Nurses. — Y/N.

Is the Baten No. + Exp Date Completed? —

Is the Pump Type Completed? —

Pump Serial No Completed? —

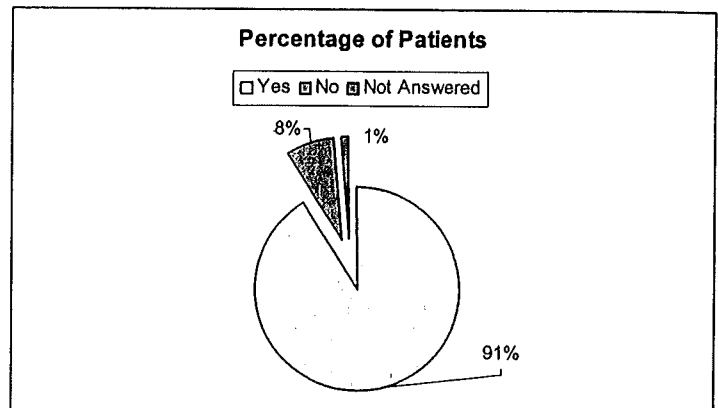
When fluids are stopped ^{are} the Prescription Cancelled? —

Y/N/N/A as pt still on IVF.

Correct Completion of IVF sheets on Ward *Commenced*
Sister McKenna - Ward 6 *Sept 04*

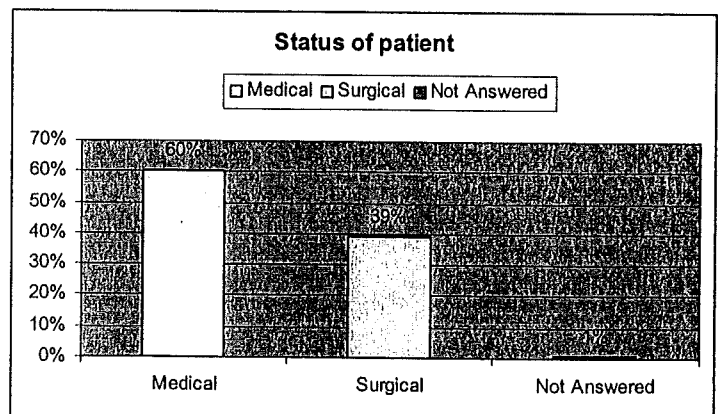
1.) Is the hospital number on the IVF sheet?

Yes	100	91%
No	9	8%
Not Answered	1	1%



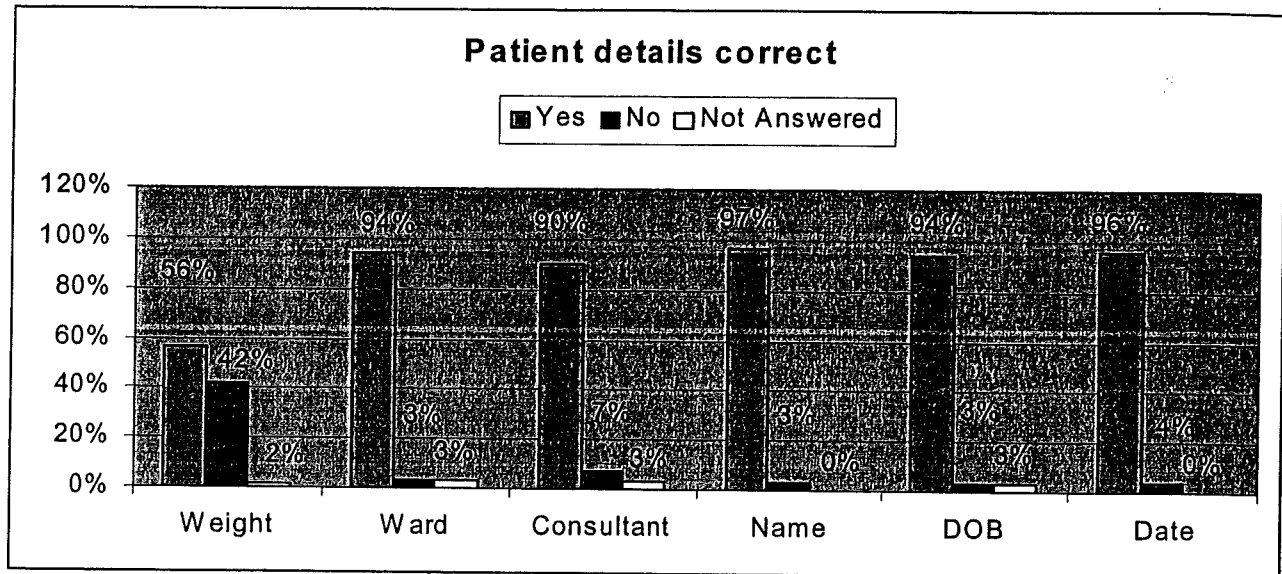
1.A) Status of Patient?

Medical	66	60%
Surgery	43	39%
Not Answered	1	1%



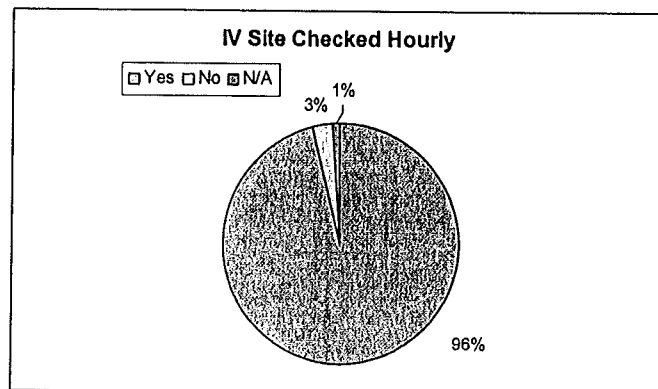
2.A) Is the patient details correct and on IVF sheet?

	Weight	Ward	Cons	Name	DOB	Date
Yes	62 56%	102 94%	99 90%	106 97%	102 94%	106 96%
No	46 42%	4 3%	8 7%	4 3%	4 3%	4 4%
Blank	2 2%	4 3%	3 3%	0 0%	4 3%	0 0%



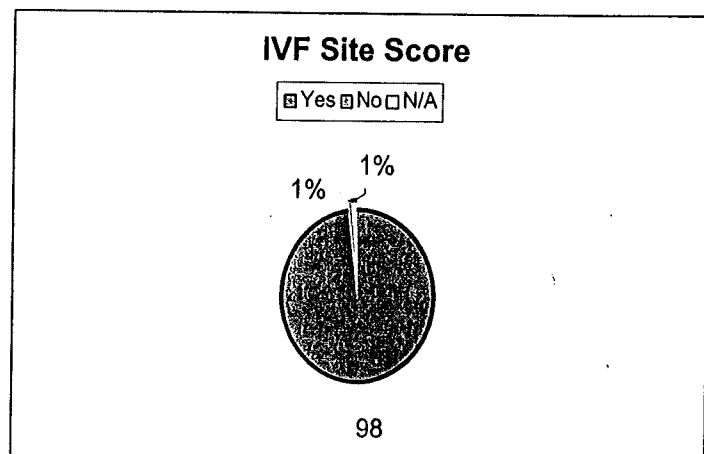
3. Is the IV site checked hourly?

Yes	106	96%
No	3	3%
N/A	1	1%



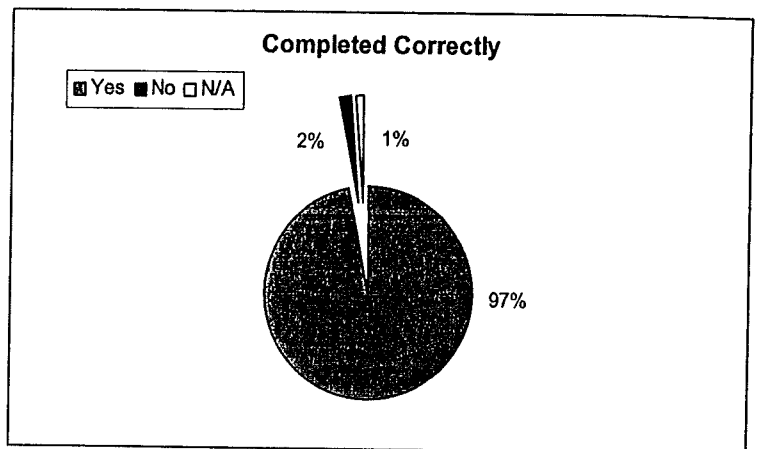
4. Is the IV site key (score 0 - 2)?

Yes	108	98%
No	1	1%
N/A	1	1%



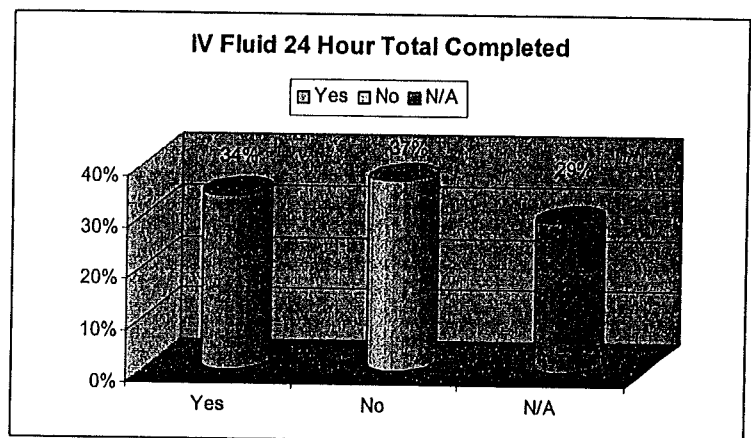
5. Is it completed correctly?

Yes	107	97%
No	2	2%
N/A	1	1%



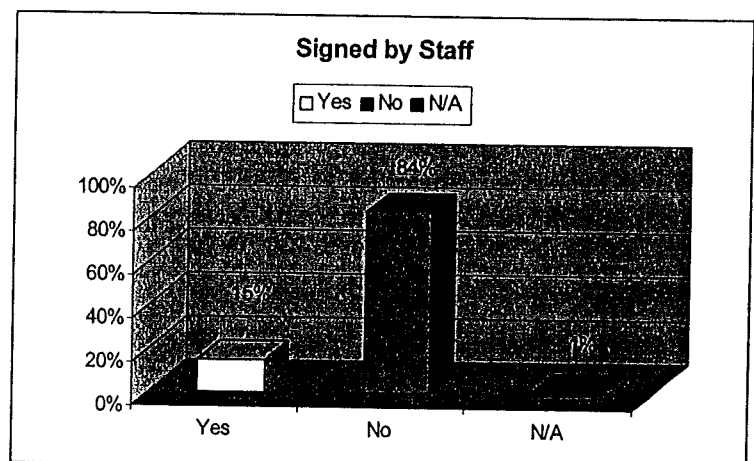
6. Is the IV fluid 24-hour total completed?

Yes	37	34%
No	41	37%
N/A	32	29%



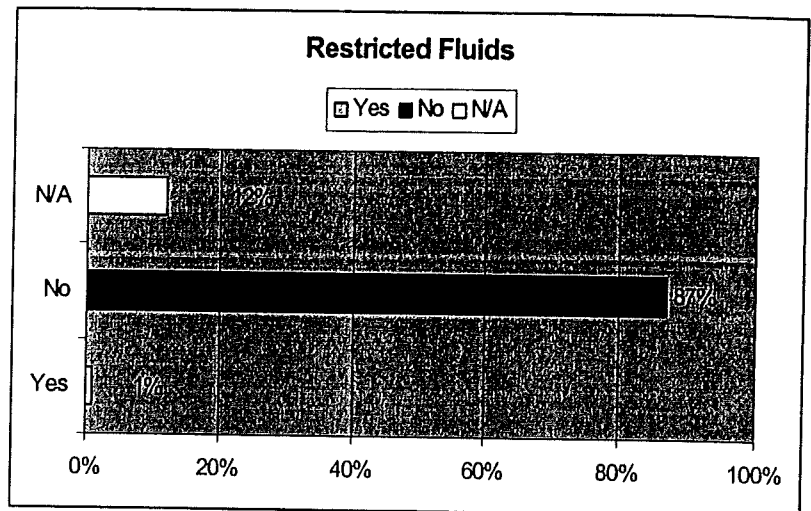
7. Are there comments made but not signed by staff?

Yes	17	15%
No	92	84%
N/A	1	1%



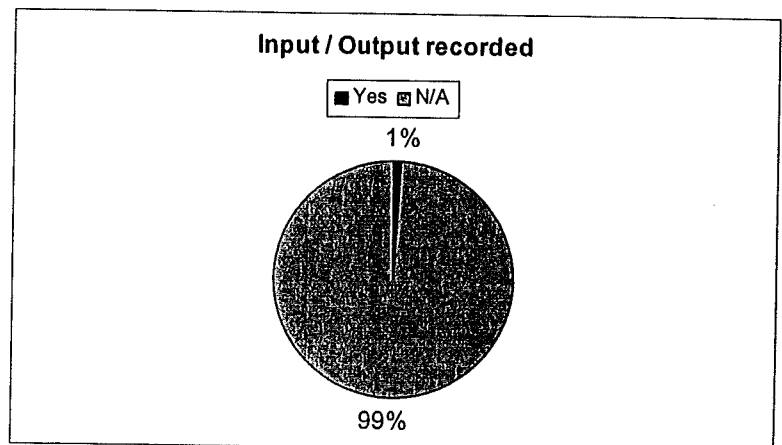
8. Is the Patient on restricted fluid?

Yes	1	1%
No	96	87%
N/A	13	12%



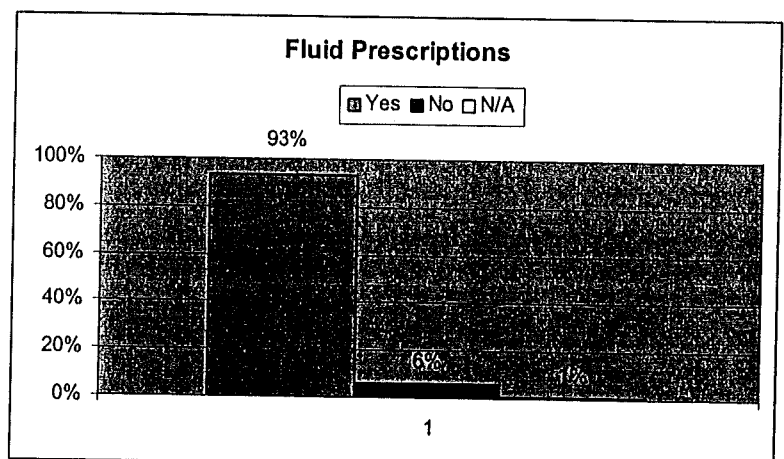
9. Was the input / output strictly recorded?

Yes	1	1%
N/A	109	99%



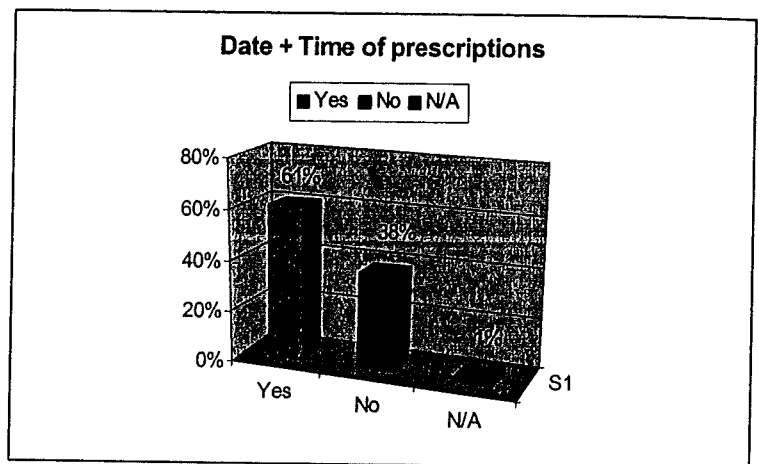
10. Is the fluid prescriptions clear to read?

Yes	102	93%
No	7	6%
N/A	1	1%



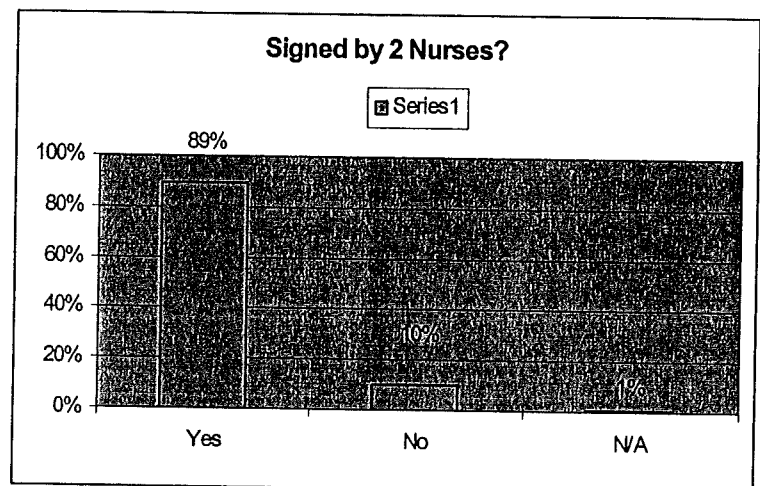
11. When Prescribing does doctor date and time the prescription?

Yes	67	61%
No	42	38%
N/A	1	1%



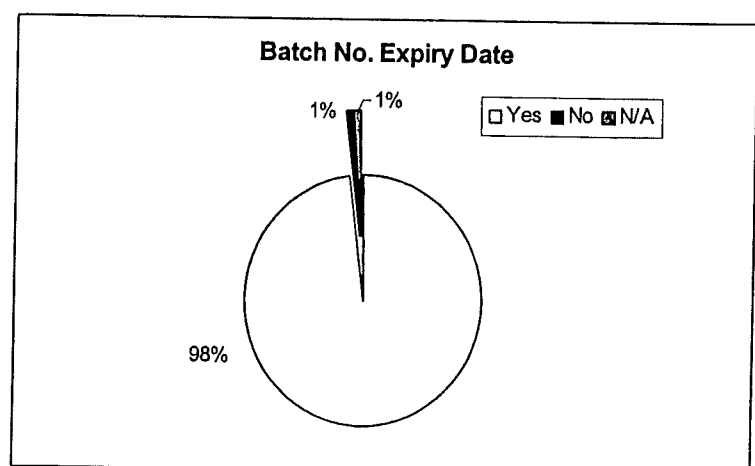
12. The IV fluid prescription checked and signed by two nurses?

Yes	98	89%
No	11	10%
N/A	1	1%



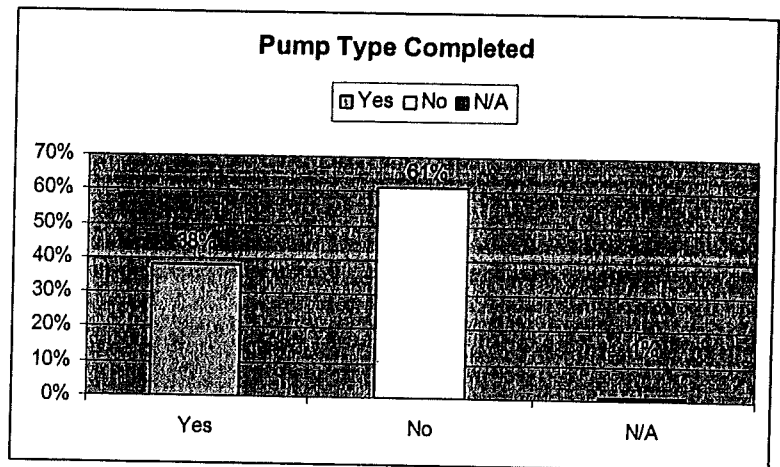
13. Is the batch number and expiry date completed?

Yes	108	98%
No	1	1%
N/A	1	1%



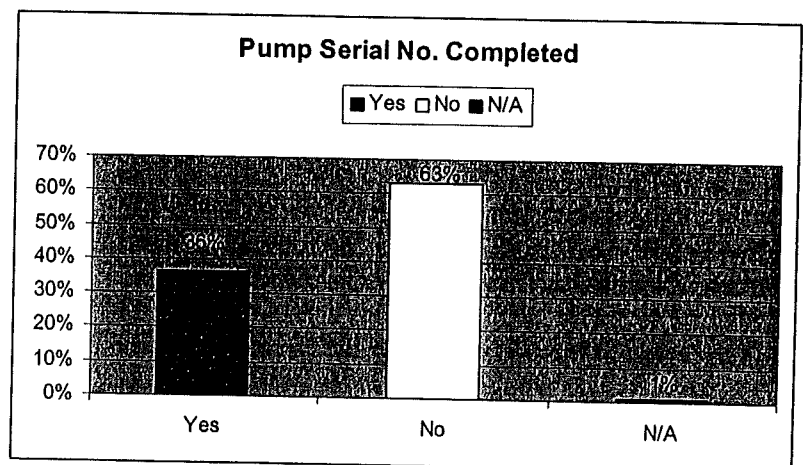
14. Is the pump type completed?

Yes	42	38%
No	67	61%
N/A	1	1%



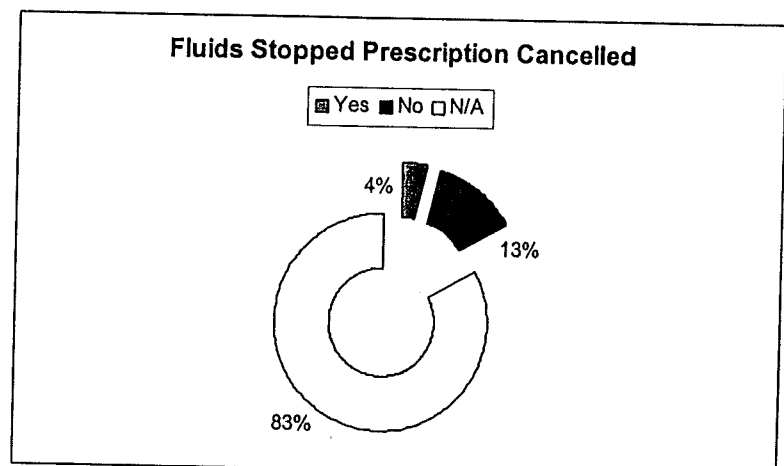
14. Pump serial number completed?

Yes	40	36%
No	69	63%
N/A	1	1%



15. When fluids are stopped is the prescriptions cancelled?

Yes	5	4%
No	14	13%
N/A	91	83%



Comments on each IVF Sheet - Sister McKenna Audit

22% of the datasheets had comments on them
78% no comments were made

Patient 11 - Patient 1 -7 reflect a patient who was hypnotic syndrome. Although not on IVF, we are using the same sheet for strict correct inputting and outputting.

Patient 20 - IL prescribed, but these particular fluids only come in 500ml bags therefore 2 different bags erected for patient. This therefore includes 2 entries by nurses. This may be confusing to an outsider auditor inspector

Patient 33 - Vomit x2 marked as medium, not given an estimate in ML's to the volume

Patient 36 - Vomit x2 - marked as large no estimate to volume in ML's as to the amount of vomit

Patient 37 - Vomit x4 - 2 well described
1 Large, 1 medium - no estimation of how much in ML's

Patient 42 - Patient appears to have been off IVF for 4 hours - no clear indication why as no comment was made.

Patient 43 - Patient had 5 Vomit's
4 Measured, 1 Documented as large

Patient 45 - Vomit - recorded as large not measured or estimated in ML's

Patient 47 - This IVF sheet had different date to back and what was on the front. He had 2 separate sheets reading same date. Difficult for outsider auditor / inspector to understand or interpret

Patient 77 - Prescription not timed

Patient 78 - Amount of Fluid IV not given e.g. IL 500ML

Patient 80 - No amount of fluid given IV e.g. IL 500mls, just name

Patient 89 - IVF Prescription form dated, Dr does not invest time

Patient 90 - Dr Does not time the IVF prescription date on form

Patient 91 - Patient in theatre for 2 hour, when IV check of line not recorded by ward staff

Patient 95 - Dr did not time prescription of IVF date on sheet

Patient 99 - Documented by nurses - 4 hourly consecutively as they were obviously unclear to which prescription was being followed at that time.

Patient 100 - Doctor did not time prescription of IVF

Patient 101 - Doctor did not time prescription

Patient 108 - Wrong consultant name on IVF sheet

Correct completion of IVF sheets on Ward

① Is the hospital number completed on IVF sheet? Yes / No

①A Status ☐ Medical ☐ Surgery

Is the Patient Details Correct:

②A Weight Yes / No ②B Ward Yes / No

③C Consultant Yes / No ③D Name Yes / No

④E DOB Yes / No ④F Date Yes / No

⑤ Is the IV site checked hourly? Yes / No

⑤A

⑥ Is the IV site key (score 0 -2)? Yes / No

⑥A

⑦ Is it completed correctly? Yes / No

⑧ Is the IV fluid 24 hour total completed? Yes / No

⑨ Are there comments made but not signed by staff? Yes / No

⑩ Is the patient on restricted fluid Yes / No

⑪ Was the input/ output strictly recorded Yes / No / N/A

⑫ Is the fluid prescriptions clear to read? Yes / No

⑬ When prescribing does Doctor date and time the prescription Yes / No

⑭ The IV fluid prescription checked and signed by two Nurses? Yes / No

⑭A

⑮ Is the batch Number and Expiry Date completed? Yes / No

⑮A

⑯ Is the pump type completed? Yes / No

⑰ Pump Serial number completed? Yes / No

⑱ When fluids are stopped is the prescription cancelled? Yes / No / N/A

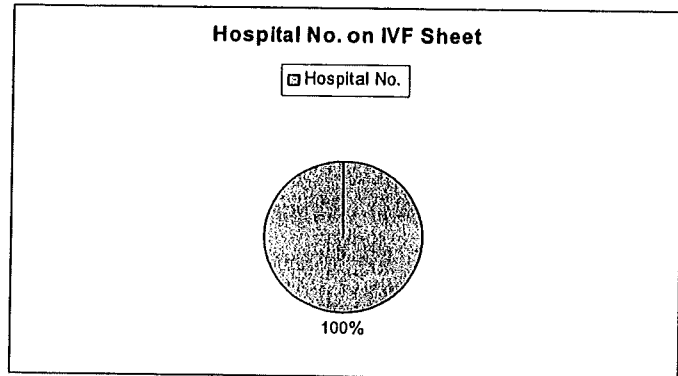
(N/A as patient still on IVF)

⑲ Comment (overleaf).

**Part 2 of Audit - Correct Completion of Strict Input/output Recording
on Nephrotic Syndrome Patients**

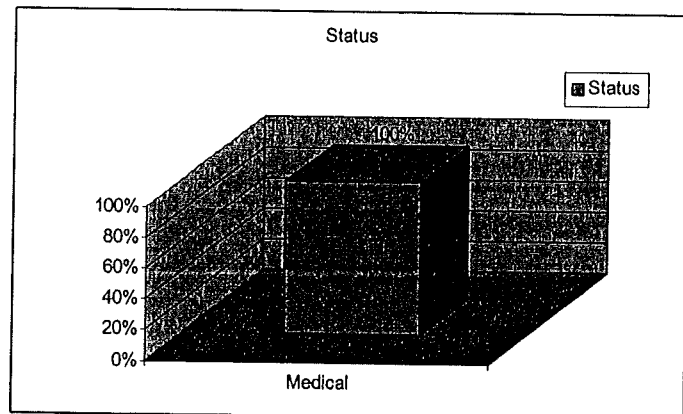
1.) Is the hospital number on the IVF Sheet?

Yes - 7 patients 100%



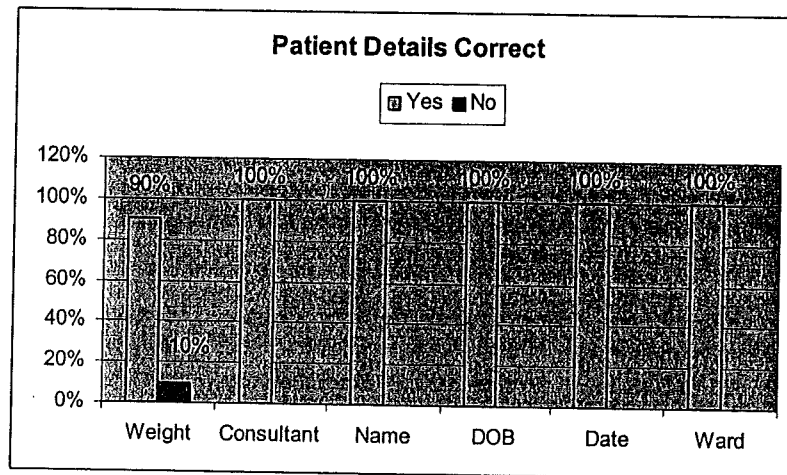
1.A) Status of Patient?

Medical - 7 Patients 100%



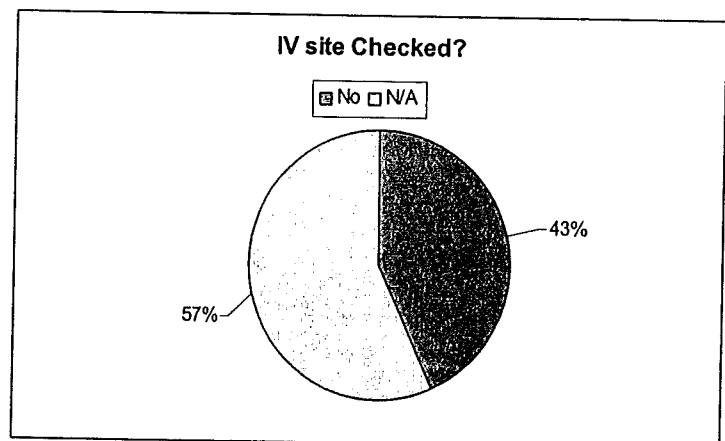
2.A) Is the patient details correct and on IVF Sheet?

Weight	Yes	6 Patients	-	90%
	No	1 Patients	-	10%
Consultant	Yes	7 Patients	-	100%
Name	Yes	7 Patients	-	100%
DOB	Yes	7 Patients	-	100%
Date	Yes	7 Patients	-	100%
Ward	Yes	7 Patients	-	100%



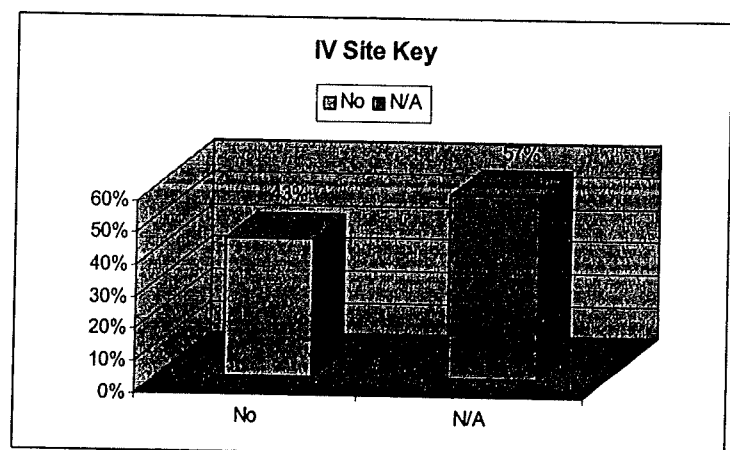
3.) Is the IV site checked hourly?

No -	3 Patients	43%
N/A -	4 Patients	57%



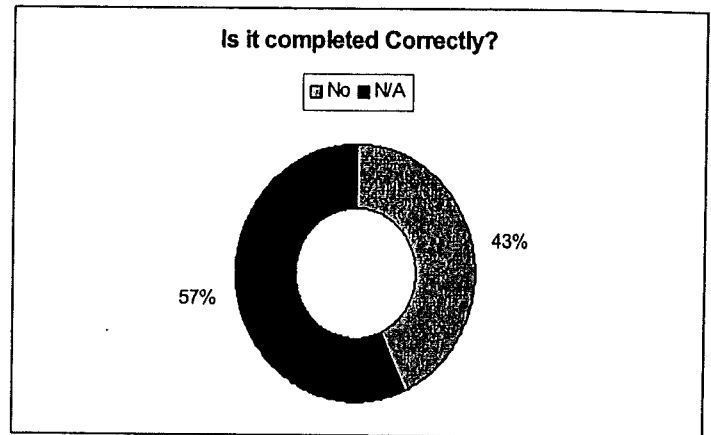
4.) Is the IV site key (score 0 - 2)?

No -	3 Patients	43%
N/A -	4 Patients	57%



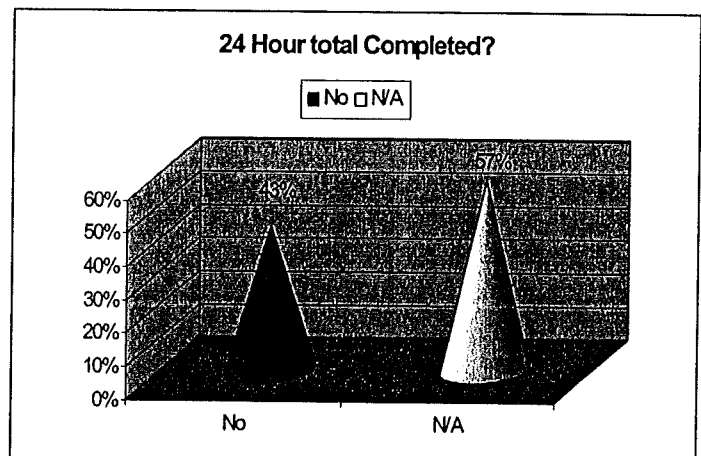
5.) Is it completed Correctly?

No -	3 Patients	43%
N/A -	4 Patients	57%



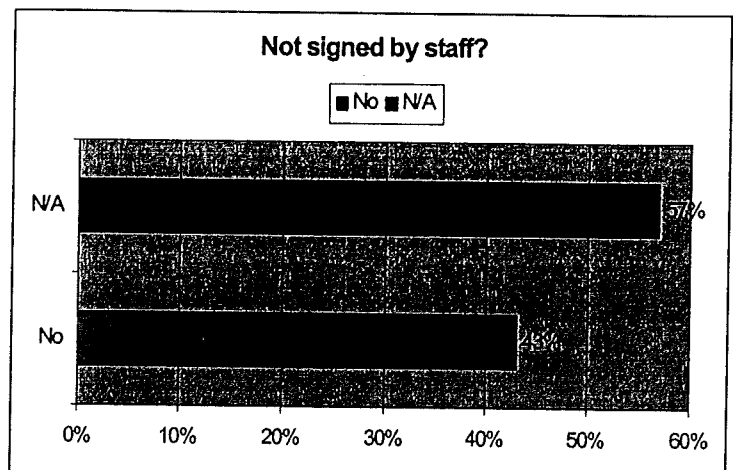
6.) Is the IV Fluid 24 Hour total completed?

No -	3 Patients	43%
N/A -	4 Patients	57%



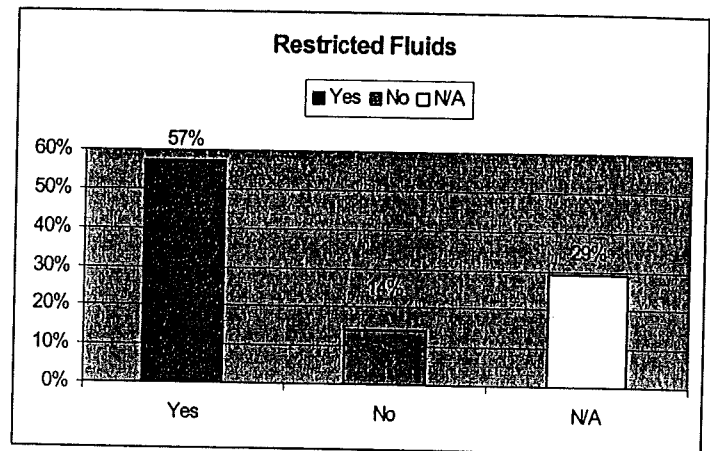
7.) Are there comments made but not signed by staff?

No -	3 Patients	43%
N/A -	4 Patients	57%



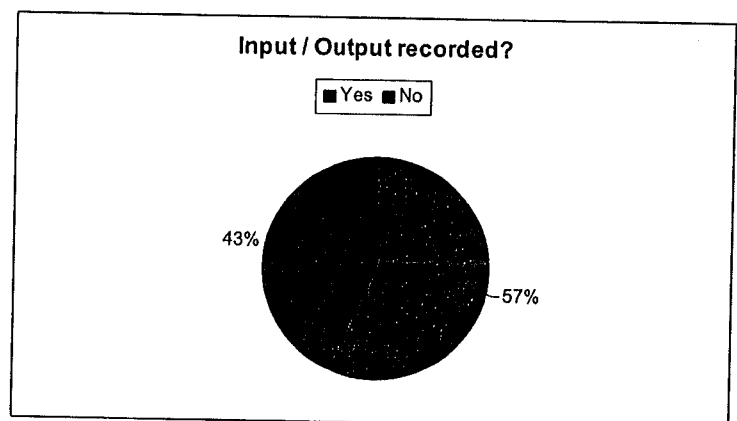
8.) Is the Patient on Restricted Fluid?

Yes	-	4 Patients	57%
No	-	1 Patient	14%
N/A	-	2 Patients	29%



9.) Was the input/output strictly recorded?

Yes	-	4 Patients	57%
No	-	3 Patients	43%



Questions 10 – 16, these questions were not applicable for these patients, therefore no analysis is required.