

Observation Chart Audit

1. Site:

2. Patients admitting diagnosis:

3. ETT or Tracheostomy

- ☐ ETT
- ☐ Tracheostomy

4. Relevant underlying co-morbidities:

COPD	Asthma	Smoker	Stroke	CCF	APO	PE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

5. Infection screen

Does the patient have a respiratory infection?	<input type="text"/>
Is the origin of infection known?	<input type="text"/>
Is the patient treated with antibiotics?	<input type="text"/>

Name of Organism, sensitivities and antibiotics used:

6. Number of days in ICU:

7. Frequency of suctioning documented on chart:

8. Comments made on chart regarding sputum (appearance/ amounts/ viscosity):

9. Kinetic bed used?

☐ Yes

☐ No

☐ Other (please specify)

10. Does the nurse document the frequency of patient turns?

☐ Yes

☐ No

☐ If so how often is this done?

11. Is the patient prescribed a PPI?

☐ Yes

☐ No

☐ Which PPI used?

12. Does the nurse document the frequency of provided mouth care ?

☐ Yes

☐ No

☐ Other (please specify)

13. How often were blood gases taken within 12hour period?

14. Are there comments made on chart/ in notes regarding CXR changes?