

YOUR FACILITY NAME HERE	
MEDICAL RECORD AUDIT FORM	
Patient MR# _____ Sex _____ Age _____ Procedure Date _____	
Procedure _____ Physician _____	
Y = YES N = NO N/A = NOT APPLICABLE	
NURSING	
	All medications administered & documented per order.
	Operative consent signed and witnessed.
	Allergies documented in prominent location on record.
	Pre-operative record complete to include vital signs, teaching, IV, etc.
	Post-operative teaching completed/discharge instructions given.
	Perioperative record complete, to include times, staff present, procedure, complications, etc.
	Documentation of site verification
	Documentation of "time out" procedure.
	PACU I & PACU II record complete
	Patient accompanied out of building & discharged w/responsible adult.
	Pain level assessed and documented.
	Use of approved abbreviations only.
	Nurses notes signed and complete.
	Pre-op and post-op calls made.
SURGEON	
	Legible Record.
	Orders signed.
	Use of approved abbreviations only.
	Medical necessity recorded.
	Lab work complete & report placed in medical record prior to surgery.
	Pathology report present and initialed by provider.
	History and Physical complete and current.
	Operative note dictated, transcribed, and signed.
ANESTHESIA	
	Anesthesiologist pre-op evaluation immediately prior to surgery noted.
	Anesthesia record complete.
	Required signatures of anesthesiologist and CRNA present, and dated.
	Discharge note/order present.
	Use of approved abbreviations only.
	Lab and/or EKG review: Abnormal values addressed in anesthesia note.

ADMINISTRATION	
	Patient information complete on face sheet.
	Patient MR # on face sheet.
	Admission date noted.
	Financial information present.
	Age and date of birth complete.
	Sex of patient is documented.
	Performing surgeon listed on face sheet.
	Patient social security number present.
	Spouse, parent or significant other name and phone number (if other than responsible party)
	Guarantee of payment signed

Medical Record Reviewer Initials _____

Date: _____

Action:

Follow-up: