

Chest Pain Care Map: New Onset for Inpatients in Regional Centres Audit Tool

In May and November of each year, each regional site audits 10 charts. Facility: _____ Date: ____ Audit completed by: _____ Medical Record Chart Number Desired response: Y or Y or Y or Y or Y or No No No No No Yes (Y) or Not Applicable (NA) N/A N/A N/A N/A N/A 1. Chest pain assessment done 2. Initial Vital signs done Vital signs monitored as per guideline 4. ECG done within 10 min. 5. Attending MD notified 5.1. ECG read within 5 min 6. Asa given/topped up 7. O2 established 8. IV access established 9. Nitroglycerin given 10. Lab work ordered 11. Portable chest x-ray done 12. Nurse's signature present Total number of Y or NA responses Formula: Total # of Yes or NA responses = _____ X 100 = ____ % compliance with the care map Total # of charts audited X 12 total possible responses Recommendations for improvement: