



## Obstetrical Communication Whiteboard Audit

Facility: \_\_\_\_\_

Surveyor																					
Date																					
Health Record Number																					
Essential Areas identified and documented	Y N/A	N	Y N/A	N	Y N/A	N	Y N/A	N	Y N/A	N	Y N/A	N	Y N/A	N	Y N/A	N	Y N/A	N	Y N/A	N	
Maternal and Newborn name or initials																					
Use Care																					
Falls																					
Current Date																					
Nurse's Name																					
PCP's Name																					
Pain Management updated																					
Newborn Date of Birth & Time																					
Feeding Plan																					
Birth Weight & Updated Daily Weight																					
Newborn Screen & Tests																					
<b>Whiteboard Survey Audit from Client</b>																					
During bedside report, does the whiteboard assist you to address any concerns about your care?																					
At the beginning of your stay, were you informed that you are welcome to use the whiteboard?																					



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Facility: \_\_\_\_\_

Obstetrical Communication Whiteboard Audit Summary			
Criteria for Whiteboard	Insert total number of Yes or No		Recommendations for Quality Improvement
	Yes/N/A	No	
Maternal and Newborn name or initials			
Use Care			
Falls			
Current Date			
Nurse's Name			
Primary Care Provider's Name			
Pain Management Updated			
Newborn Date of Birth & Time			
Feeding Plan			
Birth Weight & Updated Daily Weight			
Newborn Screen & Tests			
<b>TOTAL</b>			

**Total # of Whiteboards Audited:** \_\_\_\_\_

**Assessment**

Total # of "Yes" responses \_\_\_\_\_ = \_\_\_\_\_ X 100 = \_\_\_\_\_ % rate of meeting the indicator

Total # of charts audited X 11 indicators

**Summary of Patient Comments**

1.
2.
3.
4.