



## NSTEMI Unstable Angina Standard Orders CHART AUDIT

Audit 10 emergency department charts at regional centres & 5 charts at non-regional centres bi annually

Facility: \_\_\_\_\_ Date: \_\_\_\_\_ Audit completed by: \_\_\_\_\_

Medical Record Chart Number										
Desired response: Yes (Y), N/A if not applicable, No if incomplete	Y N/A	No	Y N/A	No	Y N/A	No	Y N/A	No	Y N/A	No
1. Allergies and reaction indicated										
2. Height and weight recorded										
3. Supplemental O2 transcribed										
4. IV therapy initiated										
5. Pain management medications ordered and transcribed										
6. Antiplatelet medications ordered and transcribed										
7. Anticoagulation medications ordered and transcribed										
8. Adjunctive medications ordered and transcribed										
9. Acute Adult PRN medications standard orders ordered										
10. Physician signed page 1										
11. Page 1 of form faxed to pharmacy										
12. Diagnostics ordered										
13. Vital signs monitoring completed as per guidelines										
14. Cardiac monitoring or telemetry ordered										
15. Diet ordered										
16. Activity level ordered										
17. Consults ordered										
18. Copy of completed <i>Cardiac Care Patient Teaching Record</i> in chart										
19. Discharge instructions/medications ordered sent with patient										
20. Physician signed on page 2										
Total number of Y or NA responses only:										
Formula: _____ Total # of Yes or NA responses _____ = _____ X 100 = _____ % compliance with care map Total # of charts audited X 19 total possible responses										
Recommendations for improvement:   										