# Surgical Consent - Documentation Audit

**Audit Requirements**:  20 surgical charts annually

Surgical Program/Site:_____          Date: _____          Audit completed by: _____

| Medical Record Chart # | | | | | | | | | | | | | | | | | | | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Desired response: Yes (Y) or Not Applicable (N/A). | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No |
| 1. Surgical Procedure completed in full including right, left, laparoscopic , open etc as indicated. | | | | | | | | | | | | | | | | | | | | | | |
| 2. Surgeon obtained the consent | | | | | | | | | | | | | | | | | | | | | | |
| 3. Surgeon/Physician signature present | | | | | | | | | | | | | | | | | | | | | | |
| 4. Surgeon/Physician signature dated | | | | | | | | | | | | | | | | | | | | | | |
| 5. Surgeon/Physician signature timed | | | | | | | | | | | | | | | | | | | | | | |
| 6. Consent obtained before administration of pre-op sedation or anaesthestic agents. | | | | | | | | | | | | | | | | | | | | | | |
| 7. Patient/alternate decision-maker signature present. | | | | | | | | | | | | | | | | | | | | | | |
| 8. Patient/alternate decision-maker signature dated. | | | | | | | | | | | | | | | | | | | | | | |

| | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9. Patient/alternate decision-maker signature timed | | | | | | | | | | | | | | | | | | | | | | |
| Desired response: Yes (Y) or Not Applicable (N/A). | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No | Yes or N/A | No |
| 10. Physician initials to changes in original consent are present. | | | | | | | | | | | | | | | | | | | | | | |
| 11. Patient/Alternate decision-maker initials present to changes in original consent. | | | | | | | | | | | | | | | | | | | | | | |
| 12. Telephone consent a) Name of person granting consent documented | | | | | | | | | | | | | | | | | | | | | | |
| b) Relationship to person indicated | | | | | | | | | | | | | | | | | | | | | | |
| c) Physician signature present | | | | | | | | | | | | | | | | | | | | | | |
| d) Physician signature dated | | | | | | | | | | | | | | | | | | | | | | |
| e) Physician signature timed. | | | | | | | | | | | | | | | | | | | | | | |
| f) Witness signature documented. | | | | | | | | | | | | | | | | | | | | | | |
| 13. Consent form is included in patient's chart | | | | | | | | | | | | | | | | | | | | | | |
| 14. Consent dated and signed within 1 year of surgery | | | | | | | | | | | | | | | | | | | | | | |
| 15. Abbreviations are absent from consent form | | | | | | | | | | | | | | | | | | | | | | |
| Total number of Yes or N/A responses only: | | | | | | | | | | | | | | | | | | | | | | |