

EMERGENCY ROOM REVIEW

MONTH: _____

CRITERIA

1. Documentation on the emergency room record is complete:

- a. Brief and concise statement of H&P
- b. Course of patient in ER including treatment
- c. Condition of patient on discharge
- d. Final diagnosis (Standard 100%)
- e. Instructions to the patient
- f. Medications administered
- g. Identification information
- h. Signatures of physician and nurse

2. Patient is seen within 30 minutes of arrival to ER. (Standard 100%)

3. Unscheduled returns to the ER within 48 hours. (Standard 0%)

4. Emergency room patient with diagnostic studies done and not seen by the doctor. (Standard 0%)

Record #	Dr.	1a.		1b.		1c.		1d.		1e.		1f.		1g.		1h.		2.		3.		4.		Transfer		True ER			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		

**EMERGENCY ROOM
RECORD AUDIT SHEET**

Record# _____

Provider _____

Admission date: _____ Reason Record Pulled for Review _____

PROFESSIONAL REVIEW:

- | | | | | |
|--|-------|-----|-------|----|
| 1. History adequate | _____ | Yes | _____ | No |
| 2. Physical exam adequate | _____ | Yes | _____ | No |
| 3. Diagnosis consistent with history,
physical, lab & x-ray findings. | _____ | Yes | _____ | No |
| 4. Treatments & medications
appropriate | _____ | Yes | _____ | No |
| 5. Nursing care appropriate | _____ | Yes | _____ | No |
| 6. Discharge summary complete &
adequate | _____ | Yes | _____ | No |
| 7. Entries are legible | _____ | Yes | _____ | No |

Reviewed by: _____, MD Date: _____

Comments: _____

