

Paediatric Risk Assessment and Paediatric Nursing Assessment with Care Plan charts **AUDIT TOOL**

For each Paediatric Risk/ Nursing Assessment charts that are audited, answer the following questions using:		
1 = item is correct	X = item is incorrect/missing	NA = not used

1	GENERAL	
	Paediatric Risk Assessment NOT kept at bedside	
	Paediatric Nursing Assessment kept at bedside	
2	PAEDIATRIC RISK ASSESSMENT (Page 1)	
	Admitting nurse printed name legible	
	Admitting nurse designation	
	Admitting nurse signature	
	Social History completed	
	Contact details for parent/carer	
	Family Structure	
	Copies of custody issues / court orders/ visitor restrictions have been obtained	
	Out of Home Care	
	Contact for OOHC	
	ID band applied	
	Immunisation status	
	Correct SPOC chart for age of child	
	Behavioural, emotional or mental health problems	
	Infection control assessment Q1	
	Infection control assessment Q2	
	Infection control assessment Q3	
	Infection control assessment Q4	
	Nutritional risk assessment Q1	
	Nutritional risk assessment Q2	
	Nutritional risk assessment Q3	
	Nutritional risk assessment Q4	
	Dietician referral made	
3	Paediatric Falls Risk (page 2)	
	Patient ID label on page 2	
	Score for Falls Risk	
4	Paediatric Pressure Injury Risk (page 3)	
	Patient ID label on page 3	
	Score for Pressure Injury Risk	
	Skin inspection	
5	Child Protection	
	Concerns noted as YES or NO	
	Mandatory Reporter Guide used	
	MRG Report in health care record	

6	PAEDIATRIC NURSING ASSESSMENT	
	Reason for admission	
	Admission date	
	Expected Date of discharge	
	Orientation to ward – checklist complete	
	Weight (bare weight under 12 months)	
	Height	
	Head Circumference (under 2 years old)	
	Feeding & Nutrition	
	Toileting	
	Sleeping	
	Safety advice	
	Education/ school	
	Admitting nurse printed name legible	
	Admitting nurse designation	
	Admitting nurse signature	
7	Care Plan	
	Date	
	Interval of observations	
	Oxygen therapy	
	Special observations	
	Nutritional needs	
	Toileting	
	Hygiene	
	Mobility	
	Pressure area care	
	Skin inspection	
	Falls Risk	
	Safety & Security	
	Infection control (one box ticked)	
	PIVC/ CVAD/ IVT care	
	Discussed with parent/ career	
	Signature	
	Time	
8	Discharge planning	
	Checklist completed	
	Parent signature on discharge	