**Concurrent Nursing Audit Template**

**Facility Information  
Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Audit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Audit Focus**

| **Criteria** | **Compliant** | **Non-Compliant** | **Notes** |
| --- | --- | --- | --- |
| **Medication Administration** | **☐ Yes** | **☐ No** |  |
| **Infection Control Measures** | **☐ Yes** | **☐ No** |  |
| **Patient Communication** | **☐ Yes** | **☐ No** |  |
| **Staff Availability** | **☐ Yes** | **☐ No** |  |

**Immediate Actions Taken  
Describe steps implemented during the audit:**

**Recommendations for Improvement**

**Acknowledgment  
☐ I confirm the audit results are accurate and agree with the recommendations provided.**

**Auditor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**