**Nursing Chart Audit Template**

**Facility Information**

* **Hospital/Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Ward/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Audit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Nurse in Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Audit Compliance**

| **Nursing Documentation** | **Completed (Yes/No)** | **Errors Noted** | **Corrective Actions** | **Reviewer Comments** |
| --- | --- | --- | --- | --- |
| **Nursing Care Plans** |  |  |  |  |
| **Medication Administration** |  |  |  |  |
| **Patient Education Recorded** |  |  |  |  |
| **Discharge Planning** |  |  |  |  |
| **Pain Management Chart** |  |  |  |  |
| **Fall Risk Assessment** |  |  |  |  |
| **Allergy Documentation** |  |  |  |  |
| **Patient Monitoring Records** |  |  |  |  |
| **Infection Control Protocols** |  |  |  |  |
| **Documentation Timeliness** |  |  |  |  |

**Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**