



National Standard Medication Chart (NSMC) Audit Form – WA Statewide Audit November 2024

Health Service: (follow the prompts to select appropriate HSP, hospital group or WACHS site and hospital)

Date of audit:

Patient UMRN: (for auditor reference purposes only)

Ward:

Chart type and age of patient

Chart type

- | | |
|--|---|
| <input type="checkbox"/> WA Adult HMC* (acute) | <input type="checkbox"/> WA Paediatric HMC* (acute) |
| <input type="checkbox"/> WA Adult HMC* (long-stay) | <input type="checkbox"/> WA Paediatric HMC* (long-stay) |

Is the patient aged 12 years or under

Y / N

Section 1 Patient Identification

1.1 Patient identification section is completed using: (select **one** option only)

- Handwritten patient details
- Printed patient identification labels
- A mix of printed patient identification labels and handwritten details

1.2 Patient identification section is completed on all pages of ALL active charts

Y / N

1.3 Where handwritten, patient details are legible and complete.

Y / N

(i.e. at least 3 patient identifiers documented – UMRN, patient name – family and given names, DOB, gender, patient address) (*only when handwritten details are selected*)

1.4 Patient's name is handwritten under patient identification label(s) by first prescriber

Y / N

Additional comments

Section 2 Adverse drug reactions (ADR)

2.1 The following has been documented in the ADR section: (select **one** option only)

- Details of any medicine (or other) allergies or ADR(s) (*go to question 2.2*)
- "Nil known" or "unknown" box marked (*go to question 2.4*)
- None of the above apply (*go to section 3*)

2.2 If ADR has been identified for the patient, has the medicine (or other) section and reaction type been documented on ALL active charts

Y / N

2.3 If ADR has been identified for the patient, has an "Adverse Drug Reaction" sticker been affixed to the ADR box on ALL active charts

Y / N

2.4 The ADR documentation includes signature, name and date on ALL active charts

Y / N

Additional comments

Section 3 VTE risk assessment and VTE prophylaxis (WA Adult HMC acute and long-stay)

3.1 The following has been documented in the VTE risk assessment section: (select **ALL** that apply)

- | | |
|--|--|
| <input type="checkbox"/> "Indicated" box marked | <input type="checkbox"/> Signature and date documented |
| <input type="checkbox"/> "Not Indicated" or "Contraindicated" box marked | <input type="checkbox"/> None of the above apply |

3.2 VTE prophylaxis has been prescribed (*if N is selected, go to question 3.4*)

Y / N

3.3 Section in which VTE prophylaxis was prescribed:

- The VTE prophylaxis order section only (WA Anticoagulation Chart)
- The regular medicines order section only (WA Hospital Medication Chart)
- Both the VTE prophylaxis and regular medicines sections

3.4 Where has the VTE Risk Assessment been documented?

- WA HMC
- Other (*go to question 3.5*)

3.5 If 'Other' in Q 3.4, please specify where VTE Risk Assessment is documented.

Additional comments

*HMC = Hospital Medication Chart