BC WOMEN'S HOSPITAL+ HEALTH CENTRE
An agency of the Provincial Health Services Authority

DEPARTMENT OF MIDWIFERY

Providence HEALTH CARE
How you want to be treated.

Chart Audit Form

Attending RM _____ Date Chart Review begun_____

Initials of Reviewer _____ Date completed_____

Client Initials _____ Chart # _____

Date of Delivery/Event _____

No denotes situations where it is verified that standard care was not done and explanations for variations were not documented.
N/A denotes that the topic was not relevant (e.g. genetic screening if late to care), or care could not be verified, (e.g. if Antenatals not complete).

YES	NO	N/A	PRENATAL CARE
			ANTENATAL 1
			1. Personal information
			2. Allergies …Medications/herbals …Beliefs & practices
			3. OB hx
			4. Dating hx
			5. Present pregnancy
			6. Family hx
			7. Medical hx
			8. Lifestyle & social hx
			9. Physical exam (done by RM, or noted as done by MD)
			a. Pap smear and STI screen
			11. Summary & signature
			ANTENATAL 2
			12. Planned/Alternate place of birth documented
			13. Investigations/Results complete and follow up documented
			14. EDD matches confirmed EDD on AN1
			15. Potential or Actual Concerns documented appropriately
X	X	X	16. Narrative notes:
			a. Number of AN visits meets standard of midwifery care (minimum q6 wks until 30 wks; q3 wks until 36 wks; q2 wks until delivery)
			b. SFH plotted on curve
			c. SFH appropriate – deviations & f/u testing accounted for

			d. ICD: Genetic testing – f/u if necessary
			e. ICD: GDM Screen – f/u if necessary
			f. ICD: GBS – plan noted unless GBS negative
			g. ICD: Third stage management
			h. ICD: NB procedures
			i. ICD: Postdates care
			j. EPDS followed up as indicated
			k. Informed refusal of testing and treatments documented
			18. Ultrasounds and other investigations documented appropriately & chart signed
			Consultations obtained as needed
			Most recent antenatal forms in hospital chart
YES	**NO**	**N/A**	**LABOUR AND BIRTH**
			Signature sheet completed
			Triage form completed
			Inpatient Admission Screening for AROs completed
			Admitted in active labour and/or as clinically indicated
X	X	X	Physician Hx and Progress notes
			a. Assessment/Plan charting style
			b. IA and/or EFM interpretation/comment as indicated
			c. GBS protocol followed or alternative approach documented
			d. VEs thoroughly documented
			e. Informed refusal of treatments documented
			f. Delivery note
			g. Consultations obtained and documented as needed
			h. Transfer of care documented
			i. Guidelines followed in the management of labour (CMBC, BCWH, SPH)
			j. Evidence of informed consent for procedures
X	X	X	Partogram Completed by: (circle) MW / RN / both
			a. IA/EFM assessed and charted appropriately
X	X	X	Birth Summary
			a. Competed (all sections) and signed
			b. “Delivered by” section complete with names (not “see OR notes”)
X	X	X	Orders completed appropriately (Date/time/signature/CMBC #)
			a. Medication reconciliation
			b. Pre-printed orders (i.e.: GDM, GBS, etc.)
			c. Procedural orders (GBS prophylaxis, epidural, etc.)
			Signature, legible printed name, CMBC #, date and time after each entry
			Appropriate overall care

YES	NO	N/A	POSTPARTUM
			Orders completed appropriately (Date/time/signature/CMBC #)
			Daily postpartum visits
			If early discharge, appropriate teaching done & documented
			Appropriate consultations obtained
			Appropriate overall care
YES	**NO**	**N/A**	**NEWBORN**
			Signature sheet completed
			Orders completed appropriately (Date/time/signature/CMBC #)
			NB 1&2 completed
			Daily postpartum visits
			Informed refusal/deferral of treatment forms signed (N/A if not relevant or at SPH)
			Overall appropriate care
YES	**NO**	**N/A**	**GENERAL**
			Clear intellectual footprint
			Complete & legible documentation
			Appropriate overall care
NOTES/COMMENTS			

Department of Midwifery Quality Improvement and Assurance Committee reviews are protected under Section 51 of the British Columbia Evidence Act