

Audit Sheet

NAME:

MRN:

TB#:

Arrival Date/Time	Alert	Activation	Consult	Dc date:
MOI				
TS Arrival Time	Admit Service			
Surgery Resident	Injuries/Notes:			
ED Dispo				
NTDB Complications				
<input type="checkbox"/> ARF				
<input type="checkbox"/> ARDS				
<input type="checkbox"/> ALCOHOL WITHDRAWAL SYNDROME				
<input type="checkbox"/> CARDIAC ARREST WITH CPR				
<input type="checkbox"/> CAUTI				
<input type="checkbox"/> CLABSI				
<input type="checkbox"/> DEEP SURGICAL SITE INFECTION				
<input type="checkbox"/> DVT				
<input type="checkbox"/> DELIRIUM (NEW 2020)				
<input type="checkbox"/> EXTREMITY COMPARTMENT SYNDROME				
<input type="checkbox"/> MYOCARDIAL INFARCTION				
<input type="checkbox"/> ORGAN SAPCE OR SSI				
<input type="checkbox"/> OSTEOMYLITIS				
<input type="checkbox"/> PULMONARY EMBOLISM				
<input type="checkbox"/> PRESSURE ULCER				
<input type="checkbox"/> SEVERE SEPSIS	<input type="checkbox"/> TBI?			MTP LABS
<input type="checkbox"/> STROKE/CVA	<input type="checkbox"/> Time to Trach_____			<input type="checkbox"/> CBC <input type="checkbox"/> PT/PTT <input type="checkbox"/> BMP <input type="checkbox"/> iCa
<input type="checkbox"/> SUPERFICIAL SSI	<input type="checkbox"/> Time to Anticoag: _____			<input type="checkbox"/> LACTATE <input type="checkbox"/> ABG
<input type="checkbox"/> UNPLANNED RETURN TO ICU	Pathways:			<input type="checkbox"/> ABG Q4H OR AFTER EACH COOLER
<input type="checkbox"/> UNPLANNED INTUBATION (> 24HRS)	<input type="checkbox"/> Rib Fracture			<input type="checkbox"/> FIBRINOGEN AFTER 10U RBC
<input type="checkbox"/> UNPLANNED RETURN TO OR	<input type="checkbox"/> Big MAC			<input type="checkbox"/> POST-MTP LABS:
<input type="checkbox"/> VAP	<input type="checkbox"/> BAT			PT/FIBRINOGEN/CBC/BMP/iCa
UCHealth Critiques/Audits	<input type="checkbox"/> BCVI			<input type="checkbox"/> TEG
<input type="checkbox"/> ASD Screen	<input type="checkbox"/> PELVIC FRACTURE			
<input type="checkbox"/> Burn w/Trauma	Procedures:			
<input type="checkbox"/> Delay to I&D open fractures	CTA Ordered correctly? Y N			
<input type="checkbox"/> Delay to antibiotics open fxs	Urgent Ortho? IR? NSGY?			
<input type="checkbox"/> Double transfer				<input type="checkbox"/> Whole Blood
<input type="checkbox"/> ED Thoracotomy				
<input type="checkbox"/> MTP	<input type="checkbox"/> SBIRT			
<input type="checkbox"/> Neg FAST + CT	<input type="checkbox"/> Self Extubation			
<input type="checkbox"/> Non-surg admit Nelson Score:	<input type="checkbox"/> Systems Issue (eg Delay in OR)			
<input type="checkbox"/> Nursing Documentation TTA	<input type="checkbox"/> TTA Response Delayed			
<input type="checkbox"/> Radiology	<input type="checkbox"/> Tx out			
<input type="checkbox"/> Readmission/Reencounter	<input type="checkbox"/> Under Triage			