Audit and evaluation of the Paediatric NIMC

Margaret Duguid

Australian Commission on Safety and Quality in Health Care

Evaluation of Paediatric NIMC

Aim:

- Determine if paediatric NIMC improves safety of prescribing and administration of medicines in children
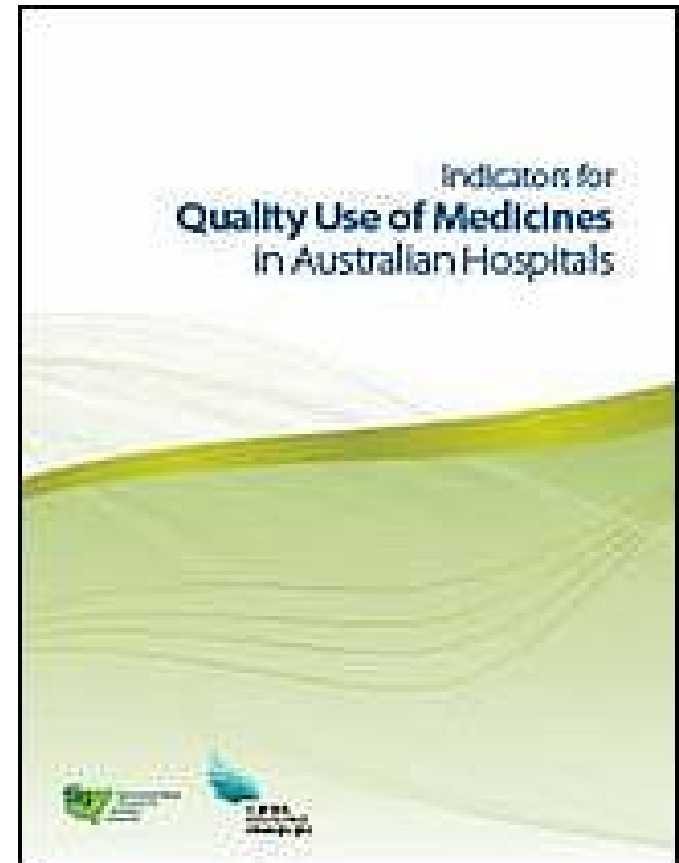
Objectives:

- National data collection
- Pre and post implementation audit
  - Measure compliance with safety features
  - Measure effectiveness of chart using QUM Indicators
  - ? Measure incidence of medication error
  - Individual sites identify areas for improvement in prescribing, documentation of administration

Evaluation of Paediatric NIMC

QUM indicators relevant to paediatric chart

- **3.2** % Patients whose known ADRs are documented on current medication chart

- **3.3** % Medication orders that include error-prone abbreviations

- **3.4** % Paediatric medication orders that include correct dose per Kg (or BSA) and a safe total dose

- http://www.ciap.health.nsw.gov.au/nswtag/indicators.html

Indicators for
Quality Use of Medicines
In Australian Hospitals

Audit Resources

- Medication chart prescribing audit tool
  - Scannable form
  - For national audit complete all applicable fields
  - As QI tool collect relevant data
    - E.g error prone abbreviations
- NIMC Audit tool – user guide 2009
- Education package – TBA
- Short audit tool
- National terminology, abbreviations and symbols to be used in prescribing and administering medicines in Australian hospitals
- Resources available from:
  http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/NIMC_001

Management of Data

1. Pre-implementation

- Sites complete pre-implementation audit
- Jurisdictions collate data

2. Post-implementation

- Data collection part of national audit of NIMC

Carol Reid

Safe Medication Practice Unit, Queensland Health

Sonya Stacey

Children's Health Service, Queensland Health

Who should complete the audit?

- A registered nurse must be involved as they are the key people that interpret the prescription and administration information

- A pharmacist should assist where available, otherwise a medical officer or another nurse should be a part of the audit team

- Same team to complete subsequent audits

Numbers

- Ideally, all available charts should be reviewed for current patients
  - Allows for the identification of risks that occur relative infrequently

- Minimum number

No. beds in hospital	Sample size
150 and >	20% pts
30 – 149	30 pts
< 30	All pts

Scannable Forms

- Scannable audit tools used for data collection.
- Original forms must be if scanning technology to used to process data.
- Forms contain embedded technology which allows the automated scanning process to take place.
- **DO NOT USE PHOTOCOPIES** of the forms as they cannot be scanned and the data will not be collated.
- Advise sites keep a photocopy for their records
- National audit tool available from http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/NIMC_001

National Inpatient Medication Chart Prescribing Audit

National Inpatient Medication Chart Prescribing Audit *(vertical side label)*

STATE ⌶⌶⌶⌶⌶⌶⌶⌶   HOSPITAL ⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶   UR NO. ⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶

○ Male ○ Female
GENDER   REVIEWER 1 ⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶

WARD ⌶⌶⌶⌶⌶⌶⌶⌶   BED NO. ⌶⌶⌶⌶⌶⌶   AUDIT DATE ⌶⌶ / ⌶⌶ / ⌶⌶   DATE OF BIRTH ⌶⌶ / ⌶⌶ / ⌶⌶   REVIEWER 2 ⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶⌶

CHART TYPE ○ NIMC   ○ NIMC Long Stay   ○ NIMC Paediatric   ○ NIMC Paediatric Long Stay

1. Patient Identification & Weight

1.1 Total current *Medication Charts* (ie. charts in use) _____ ⌶⌶

1.2 *Patient ID* complete on all pages (incl. hand-printed name if label used) _____ Y   N

1.3 *Weight* documented on a *Medication Chart* (Paeds must be all charts) _ _ _ _ _ _ Y   N

2. Adverse Drug Reaction (ADR) Details

2.1 ADR documentation complete on all charts (incl. NKDA / Unknown) _ _ _ _ _ _ Y   N

2.2 Patient has previous *ADR* _ Y   N   Unk
(If No, go to Q. 3.1)

2.3 Similar class of medication prescribed _____ Y   N
(Document Drug, Reaction & Represcribed Drug here)

2.4 If previous ADR, do all pages have *ADR Alert Stickers* in place _____ Y   N

3. Medication History

3.1 *Medication History* documented on *Medication Chart* _____ Y   N

3.2 If 'No', is a *Medication History* cross-referenced on *Medication Chart* _ Y   N

3.3 *Medication Action Plan (MAP) Form* in 'end of bed' folder _____ Y   N
(If No, go to Q. 4.1)

3.4 *Allergies / ADR* box completed on *MAP Form* _____ Y   N

3.5 No. medicines taken prior to presentation to hospital recorded on *MAP Form* _ ⌶⌶

3.6 No. medicines with *Dr's Plan on Admission* completed on *MAP Form* _ _ ⌶⌶

3.7 No. medicines with *Reconcile* column ticked on *MAP Form* _____ ⌶⌶

3.8 More than one source indicated on *MAP Form* _____ Y   N

4. Warfarin

4.1 *Warfarin Guidelines* at end of patient's bed or with *Medication Chart* ___ Y   N

4.2 No. times patient prescribed warfarin (Warfarin & Regular Order sections) _ _ _ _ _ _ ⌶⌶
(If Nil / Zero, go to Q. 5.1)

4.3 No. *Target INR* ranges documented if prescribed in *Warfarin* section _ _ _ ⌶⌶

4.4 No. *Target INR* ranges documented if prescribed in *Regular* section ___ ⌶⌶

4.5 *Warfarin Education* recorded _____ Y   N

5. Variable Dose

5.1 No. *Variable Dose* medications (Variable Dose & Regular Order sections) _____ ⌶⌶
(If documented in Regular section, write Drug Name & Frequency here)

6. Sustained Release

6.1 No. *Sustained Release* medications ordered (Regular Order section) _ _ _ _ _ ⌶⌶
(If Nil / Zero, go to Q. 7.1)

6.2 No. *Sustained Release* medications with SR box ticked _____ ⌶⌶

7. Intermittent Medications

7.1 No. *Intermittent* medications ordered (ie. weekly, fortnightly, twice weekly) _ _ _ _ _ _ ⌶⌶
(If Nil / Zero, go to Q. 8.1)

7.2 No. *Intermittent* medications ordered & 'boxed' _____ ⌶⌶

8. Duplicate Orders

8.1 No. Duplicated orders _____ ⌶⌶
(Record Duplications here)

9. Clinical Pharmacy

9.1 *Pharmaceutical Review* occurred (ie. initial at bottom of chart) _____ Y   N

Comments: _____

NIMC_v4_May09_National

Form not suitable for transmission by facsimile
SCANNABLE FORM: DO NOT BEND OR FOLD THIS PAGE

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National Inpatient Medication Chart Prescribing Audit

10. Prescribing and Administration

Legend

Drug Order:
R = Regular
P = PRN
S = Stat/Phone/Once Only
V = Variable Dose
W = Warfarin

Drug Name:
U = Unclear
T = Trade
Cl = Clear

Route / Dose / Freq:
Cl = Clear
M = Missing
U = Unclear
I = Incorrect
NA = Not Applicable

Others:
Y = Yes
N = No

UR NO.

Definitions: Error Prone Abbreviations

mcg, ug, ug = microgram
U or u = unit
qd or QD = every day
o.d. or OD = once daily

SC, S/C = subcutaneous
SL, S/L = sublingual
o (degree symbol) = hourly frequency
No leading zero before a decimal point (eg .5mg) = 0.5mg
Trailing zero after decimal point (eg 1.0mg) = 1mg

Order No.	Drug Order	Drug Name	Route	Dose	Frequency	Dose Calc's Documented	Dose Calc's Documented Correctly	Error Prone Abbrev'ns Used	Indication Documented	Pharm. Annot.	Pres. Signed	Pres. Clear	Freq. Matches Admin Time	Drug Ceased	Ceased Correctly	Doses Required	Doses Admin	If PRN, Max Dose doc.
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA
						Y N NA	Y N NA	Y N	Y N NA	Y N	Y N	Y N	Y N NA	Y N	Y N NA			Y N NA

Before you audit

1. Read the *NIMC Chart Audit Tool User Guide*
2. We recommended that you also:
   - Read the NIMC *Medication Chart Guidelines*
   - Complete the *Medication Chart Audit Tool Education Package* (Not yet available)
   - Read the *National terminology, abbreviations and symbols to be used in prescribing and administering medicines*
3. Read local medication related procedures and guidelines e.g. approved trade names list.
   - If required, define acceptable abbreviations and acceptable trade names to ensure consistency between auditors and between various audits

Example of use of audit tool

- Use one form per patient

- Review all pages of the medication chart

- Complete both sides of the form

- Record any medication errors in the relevant comments section

Information for audit

- Dosage ranges of medicines (Oral)
- Paracetamol:
  - 15mg/kg every 4 hours (can use 20mg/kg every 6 hours)
- Morphine:
  - 0.3 - 0.6mg/kg every 12 hours (slow release preparation)
- Amoxycillin:
  - 7.5mg - 25mg/kg every 8 hours
- Ondansetron:
  - 0.15mg/kg every 8 hours

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)
☐ Nil known   ☐ Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction/Type/Date	Initials
Clindamycin	Rash 5/08	

Sign _J Brown_   Print _J BROWN_   Date _5/5/0?_

First Prescriber to print patient name and check label correct:

Weight (kg) __10__

✚ PAEDIATRIC MEDICATION CHART No. _1_ of _1_

Facility/Service: WESTERN HOSPITAL

Ward/Unit: 3A

ADDITIONAL CHARTS
☑ IV Fluid   ☐ BGL/Insulin   ☐ Acute Pain   ☐ IV Heparin
☐ Inhalation   ☐ Palliative Care   ☐ Chemotherapy   ☐ Other

ONCE ONLY MEDICINES

Date Prescribed	Medication (Print Generic Name)	Route	DOSE	Date/Time to be Given	Prescriber Signature	Prescriber Print Your Name	DOSE calc eg. mg/kg per DOSE	Given by	Date/Time Given	Pharm

TELEPHONE ORDERS (To be signed within 24 hours of order)

Date Time	Medication (Print Generic Name)	Route	Dose	Frequency	Nurse Initials NR1/NR2	Dr Name	Dr Sign	Date	RECORD OF ADMINISTRATION Time / Given by	Time / Given by	Time / Given by	Time / Given by

Medicines Taken Prior to Presentation to Hospital
(Prescribed, over the counter, complementary)   Own medicines brought in? ☐ Y ☐ N

Medicine and formulation	Dose and frequency	Duration	Medicine and formulation	Dose and frequency	Duration
NIL					

Doctor/GP: _J Brown_ (Sign)   _5/5/09_ (Date)

Community Pharmacy:

Medicines usually administered by:

Documented by: _J Brown_ (Sign)

DO NOT WRITE IN THIS BINDING MARGIN

✚ PAEDIATRIC   MEDICATION CHART   ✚ PAEDIATRIC

ALLERGIES & ADVERSE DRUG REACTIONS (ADR)

☐ Nil known   ☐ Unknown (tick appropriate box or complete details below)

Drug (or other)	Reaction/Type/Date	Initials
Clindamycin	Rash 5/08	

Sign _J Brown_ Print _J Brown_ Date _5/5_

AFFIX PATIENT IDENTIFICATION LABEL HERE AND OVERLEAF

URN: 4789836
Family name: JONES
Given names: Sally Ann
Address:
Date of birth: 28/11/07   Sex: ☐ M ☑ F

First Prescriber to print patient name and check label correct:

Weight (kg) 10   BSA (m²):   Height (cm):
Gestational age (wks):

REGULAR MEDICATIONS

NOT A VALID ORDER UNLESS LEGIBLE

YEAR 20 09   DATE & MONTH → 5/5 6/5

PRESCRIBER MUST ENTER administration times

Date 5/5	Medicine (Print Generic Name) Paracetamol	Tick if Slow Release		
Route PO	DOSE 150mg	Frequency & NOW enter times 6 hourly →	0600	AB CD
Pharmacy/Additional Information			1200	
Indication Pain	DOSE Calculation 15mg/kg		1800	AB CD
Prescriber Signature J Brown	Print Your Name J Brown	Contact/Pager 0986	2000	AB CD

Continue on discharge? Yes/No Dispense? Yes/No Duration: days Qty:

Date 5/5	Medicine (Print Generic Name) MS CONTIN Morphine sulphate	Tick if Slow Release		
Route PO	DOSE 3mg	Frequency & NOW enter times bd 2/7 →	0800	AB AM
Pharmacy/Additional Information use 20mg sachet Disperse in 20ml Give 3ml Do not crush or chew granules			2000	AB CD
Indication Pain	DOSE Calculation 0·3mg/kg			
Prescriber Signature J Brown	Print Your Name	Contact/Pager		

Continue on discharge? Yes/No Dispense? Yes/No Duration: days Qty:

Date 6/5	Medicine (Print Generic Name) Amoxycillin	Tick if Slow Release		
Route PO	DOSE 65mg	Frequency & NOW enter times q8h →	0600	
Pharmacy/Additional Information 6.7mg/kg/dose			1400	AB 6/5
Indication RTI	DOSE Calculation 20mg/kg/day		2000	↑ DOSE
Prescriber Signature J Brown	Print Your Name	Contact/Pager		

Continue on discharge? Yes/No Dispense? Yes/No Duration: days Qty:

Date 6/5	Medicine (Print Generic Name) Amoxycillin	Tick if Slow Release		
Route PO	DOSE 150mg	Frequency & NOW enter times 8 hourly →	0600	
Pharmacy/Additional Information Best with/food Give 6ml of 125mg/5ml suspension			1400	AB AM
Indication RTI	DOSE Calculation 15mg/kg		2000	
Prescriber Signature J Brown	Print Your Name	Contact/Pager		

Continue on discharge? Yes/No Dispense? Yes/No Duration: days Qty:

Pharmaceutical Review:

RECOMMENDED ADMINISTRATION TIMES
GUIDELINES ONLY

Morning	Mane	0800	
Night	Nocte		1800 or 2000
Twice a day	BD	0800	2000
Three times a day	TDS	0800 1400	2000
Regular 6 hourly	6 hrly	0600 1200 1800 2400	
Regular 8 hourly	8 hrly	0600 1400 2200	
Four times a day	QID	0600 1200 1800 2200	

SR = Sustained, modified or controlled release formulation.

Tick if Slow Release — If scored tablet, then half can be given.

Dose must be swallowed without crushing.

REASON FOR NOT ADMINISTERING
Codes MUST be circled

Absent	(A)
Fasting	(F)
Refused—notify prescriber	(R)
Vomiting	(V)
On leave	(L)
Not available—obtain supply or contact prescriber	(N)
Withheld—enter reason in clinical record	(W)
Self administered	(S)
Parent/Carer administered	(P)

REGULAR MEDICATIONS

YEAR 20 ___   DATE & MONTH

PRESCRIBER MUST ENTER administration times

Date	Medicine (Print Generic Name)	Tick if Slow Release	
Route	DOSE	Frequency & NOW enter times →	
Pharmacy/Additional Information			
Indication	DOSE Calculation (eg. mg/kg per dose)		
Prescriber Signature	Print Your Name	Contact/Pager	

Continue on discharge? Yes/No Dispense? Yes/No Duration: days Qty:

Date	Medicine (Print Generic Name)	Tick if Slow Release	
Route	DOSE	Frequency & NOW enter times →	
Pharmacy/Additional Information			
Indication	DOSE Calculation (eg. mg/kg per dose)		
Prescriber Signature	Print Your Name	Contact/Pager	

Continue on discharge? Yes/No Dispense? Yes/No Duration: days Qty:

Date	Medicine (Print Generic Name)	Tick if Slow Release	
Route	DOSE	Frequency & NOW enter times →	
Pharmacy/Additional Information			
Indication	DOSE Calculation (eg. mg/kg per dose)		
Prescriber Signature	Print Your Name	Contact/Pager	

Continue on discharge? Yes/No Dispense? Yes/No Duration: days Qty:

Date	Medicine (Print Generic Name)	Tick if Slow Release	
Route	DOSE	Frequency & NOW enter times →	
Pharmacy/Additional Information			
Indication	DOSE Calculation (eg. mg/kg per dose)		
Prescriber Signature	Print Your Name	Contact/Pager	

Continue on discharge? Yes/No Dispense? Yes/No Duration: days Qty:

Pharmaceutical Review:

URN: 4789836

Family name: JONES

Given names: Sally Ann

Address:

Date of birth: 28/11/07   Sex: ☐ M ☑ F

First Prescriber to Print Patient Name and Check Label Correct:

Attach ADR Sticker
See front page for details

AS REQUIRED "PRN" MEDICATIONS

Weight (kg): 10   Ward/Unit: 3A

NOT A VALID ORDER UNLESS LEGIBLE

DO NOT WRITE IN THIS BINDING MARGIN

Date	Medication (Print Generic Name)					Date	6/5								Continue on discharge? Yes/No	
6/5	Ondansetron					Time	10:00								Dispense? Yes/No	Date:
Route	DOSE	Hourly Frequency	Max Dose/24 hrs												Duration: days Qty:	
PO	1.5mg	8hrly PRN	3 doses			Dose	1.5mg									
Pharmacy/Additional information						Route	PO									
Indication	N&V	DOSE Calculation (eg. mg/kg per dose) 1.5mg/kg														
Prescriber Signature F Dowell	Print Your Name F Dowell	Contact/Pager 98682				Sign	AB									

Date	Medication (Print Generic Name)					Date									Continue on discharge? Yes/No	
						Time									Dispense? Yes/No	Date:
Route	DOSE	Hourly Frequency PRN	Max Dose/24 hrs												Duration: days Qty:	Pharmacist:
Pharmacy/Additional information						Dose										
Indication		DOSE Calculation (eg. mg/kg per dose)				Route										
Prescriber Signature	Print Your Name	Contact/Pager				Sign										

Date	Medication (Print Generic Name)					Date									Continue on discharge? Yes/No	
						Time									Dispense? Yes/No	Pager:
Route	DOSE	Hourly Frequency PRN	Max Dose/24 hrs												Duration: days Qty:	Date:
Pharmacy/Additional information						Dose										
Indication		DOSE Calculation (eg. mg/kg per dose)				Route										
Prescriber Signature	Print Your Name	Contact/Pager				Sign										

Date	Medication (Print Generic Name)					Date									Continue on discharge? Yes/No	
						Time									Dispense? Yes/No	Print your name:
Route	DOSE	Hourly Frequency PRN	Max Dose/24 hrs												Duration: days Qty:	
Pharmacy/Additional information						Dose										
Indication		DOSE Calculation (eg. mg/kg per dose)				Route										
Prescriber Signature	Print Your Name	Contact/Pager				Sign										

Date	Medication (Print Generic Name)					Date									Continue on discharge? Yes/No	
						Time									Dispense? Yes/No	Prescriber's signature:
Route	DOSE	Hourly Frequency PRN	Max Dose/24 hrs												Duration: days Qty:	
Pharmacy/Additional information						Dose										
Indication		DOSE Calculation (eg. mg/kg per dose)				Route										
Prescriber Signature	Print Your Name	Contact/Pager				Sign										

1. Patient Identification & Weight

1.1   Total current *Medication Charts* = 1

1.2   Patient ID complete on **all** pages = Yes

1.3   Weight documented on front and back pages = Yes

2. Adverse Drug Reaction (ADR) Details

2.1   ADR documentation complete on **all** charts = Yes

2.2   Patient has previous = Yes

2.3   Similar class of medication prescribed = No

2.4   If previous ADR, do **all** pages have ADR alert stickers in place = No

√ QUM indicator 3.2

3. Medication History

3.1   *Medication History* documented / cross referenced on *Medication Chart* = Yes

3.2   *Medication Action Plan (MAP) Form* in 'end of bed' folder = No

If no, go to question 4.1

Medicines Taken Prior to Presentation to Hospital (Prescribed, over the counter, complementary)	Own medicines brought in? ☐ Y ☐ N				
Medicine and formulation	Dose and frequency	Duration	Medicine and formulation	Dose and frequency	Duration
NIL					
Doctor/GP:			Community Pharmacy:		
Documented by: (Sign)	(Date)		Medicines usually administered by:		

4. Warfarin
5 Variable doses

Leave blank

6. Sustained Release

6.1   No. Sustained Release medications ordered = 1

6.2   No. Sustained Release medications with *SR* box ticked =1

7. Intermittent Medications
8. Duplicate orders

7.1   No. Intermittent medications ordered = 0

        If zero, go to question 8.1

8.1   No. Duplicated orders = 0

9. Clinical Pharmacy

9.1 Clinical pharmacist review occurred = yes

10. Prescribing and Administration
Order no 1

Order No.	Drug Order	Drug Name	Route	Dose	Frequency	Dose Calc'n Documented	Dose Calc'n Documented Correctly	Error Prone Abbrev'ns Used	Indication Documented	Pharm. Annot.	Pres. Signed	Pres. Clear	Freq. Correlates with Admin Time	Drug Ceased	Ceased Correctly	Doses Required	Doses Admin	If PRN, Max Dose doc.
1	R	C	C	C	C	(Y) N NA	(Y) N NA	Y (N) NA	(Y) N NA	(Y) N	(Y) N	(Y) N	(Y) N NA	Y (N)	Y N (NA)	3	3	Y N (NA)

√ QUM indicators 3.3, 3.4

√ QUM indicators 3.3, 3.4

10. Prescribing and Administration
Order no 3

√ QUM indicators
3.3, 3.4

Order No.	Drug Order	Drug Name	Route	Dose	Frequency	Dose Calc'n Documented	Dose Calc'n Documented Correctly	Error Prone Abbrev'ns Used	Indication Documented	Pharm. Annot.	Pres. Signed	Pres. Clear	Freq. Matches Admin Time	Drug Ceased	Ceased Correctly	Doses Required	Doses Admin	If PRN, Max Dose doc.
0 4	R	C	C	C	C	(Y) N NA	(Y) N NA	Y (N)	(Y) N NA	(Y) N	(Y) N	(Y) N	(Y) N NA	Y (N)	Y N (NA)			Y N NA

√ QUM indicators 3.3, 3.4

Order No.	Drug Order	Drug Name	Route	Dose	Frequency	Dose Calc'n Documented	Dose Calc'n Documented Correctly	Error Prone Abbrev'ns Used	Indication Documented	Pharm. Annot.	Pres. Signed	Pres. Clear	Freq. Correlates with Admin Time	Drug Ceased	Ceased Correctly	Doses Required	Doses Admin	If PRN, Max Dose doc.
5	P	C	C	C	C	(Y) N NA	(Y) N NA	Y (N)	(Y) N NA	(Y) N	(Y) N	(Y) N	Y N (NA)	Y (N)	Y N (NA)	O	I	(Y) N NA

√ QUM indicators 3.3, 3.4

Discussion