



Chart Audit Worksheet – Emergency Care Physicians

20 charts chosen randomly by the practice visitor from 30 cases of patients managed by the physician in the last month. The cases submitted will include management of at least 5 of the following medical problems: Chest pain, headache, febrile patient, abdominal pain, asthma, pneumonia, COPD, cervical trauma, elderly patient with multiple co-morbid conditions.

- A minimum of 15 randomly chosen charts must be reviewed.
- Other charts may be specifically selected to review certain patient- or disease-types.

A. Organization of the Charts

Before starting the audit, choose 3 charts to review immediately with the physician’s help.

“Please show me how to find each of the following in the chart.”

Using these 3 charts, complete the scale to the right.	<i>Present in AT LEAST ONE of the three files?</i>
a) Allergies and drug reactions	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Current medications	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Appropriate Risk factors for the Presenting Complaint	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Relevant Past medical history is documented	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Laboratory and DI results are attached to the visit record	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Relevant Social/occupational history is documented	Yes <input type="checkbox"/> No <input type="checkbox"/>

Using these same 3 charts above, please complete the scale to the right.	<i>Present in ALL three files?</i>
h) Are the records legible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i) Can the physician identify, by any means (e.g. handwriting, stamp, signature, etc), who has made the entries on the files?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Using these charts, complete the scale to the right.	<i>Present?</i>
k) Do the records contain clear descriptions of the presenting problems?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
l) Are relevant positive and negative findings from physical examinations recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
m) Is there clear documentation of the reasons for requesting consultations?	Yes <input type="checkbox"/> No <input type="checkbox"/>