

# General Patient Care Area Audit Checklist



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(CIN:U74999PN2012PTC143004)

DATE:-

Objective Elements	Access Assessment and Continuity of Care (AAC)	Yes/No/NA	Remarks / Observations
AAC 1.A	Is the unit facility has appropriate scope of services documented		
AAC 1.D	Is the relevant scope of services details displayed / signposted?		
AAC 4.A	Are Initial Assessment done and recorded for the patient as per time frame?		
AAC 5.A	Are regular reassessment done and performed for the patient?		
AAC 14.D	Are treatment summaries / discharge summaries present / complete as per standard?		
COP	Care of Patients?		
AAC 4.D	Are nursing assessment done for the patients?		
	<b>Has the following been performed for the patients as applicable</b>		
COP 16.A	Vulnerability Assessment		
COP 6.B	Fall Risk Assessment		
COP 6.B	Pressure Ulcers Risk Assessment		
COP 6.B	DVT Risk Assessment		
MOM 5.B	Are medication orders written in a uniform location?		
MOM 5.A.B.	Are orders / prescription written as per standards?		
MOM 5.C	Are orders / prescription signed, named, dated and timed?		
MOM 5.D	Are medication administration details recorded properly and consistently?		
MOM 3.C	Are High Risk Medications Identified Displayed etc?		
MOM 3.C	Are LASA drugs identified ? Stored with color coding?		
MOM 7.A	Are medication properly labeled - multi-dose vials labeling etc		
MOM 3.A	Are medicine stored properly - refrigerator etc?		
MOM 10.A,11.C	Are implants and medical consumables stored properly?		
MOM 6.C	Are expiry check done properly?		
MOM.3.A	Is the crash cart / emergency trays maintained properly?		
PRE 5 A.G	Patient Rights and Education?		
PRE 1.A	Are Patient Rights and Responsibilities displayed adequately?		
PRE.1.C	Are patient rights protected?		
PRE.1.B PRE.5.A	Patient and Family education is provided and same is recorded in the case sheet?		
PRE.7.C PRE.7D	Does the ward / unit has a facility to capture /record patient complaints / grievances?		

PRE.7.D	Is signage on how to voice complaints clearly displayed in the patient care area?		
COP 7.F	Are hands washing facilities adequate?		
HIC.2.D	Have hand sanitizers been provided adequately?		
HIC.3.B	Are Hand hygiene related posters displayed as required?		
COP 7.F	Are PPE required for the unit provided in sufficient quantities?		
COP 7.F	Are staffs using the PPE in the proper manner?		
COP 7.F	Are staffs following universal precautions (Observe)?		
HIC.1.A,B	Are staffs following key infection control and prevention guidelines? Observe		
HIC.7.B	Are devises and instruments properly cleaned and disinfected before reuse - masks, nebulizers etc?		
HIC.4.E	Are linen properly sorted and stored to avoid infections?		
HIC.4.D	Is BMW waste bins provided in sufficient numbers?		
HIC.4.D	Is segregation followed as per color coding?		
HIC.4.D	Are BMW segregation posted available? Are bins properly labeled with biohazard symbols?		
FMS 5.B	Are equipments provided with preventive maintenance and calibration status stickers?		
FMS.7.A	Are firefighting equipment easily accessible from the unit?		
FMS.7.B	Are fire escape signages sufficient?		
FMS.7.B	Are appropriate warning signs used adequately - Electrical, Radiation, Laser warnings?		
FMS 3.E	Are Hazardous materials in the department listed and stored appropriately?		
FMS 3.F	Are MSDS details for HAZMAT available?		
IMS.5.A	Are patient files maintained in custody and without access to unauthorized manner?		
IMS.5.A	Are HIS terminals / hand held devices kept properly and the screens logged out when not in use to ensure privacy and confidentiality?		
IMS.3.C.D.E	Are case sheets completed legibly with clarity on authorship of each entry (sign, name)?		

**AUDITOR SIGN**

**COMMENTS:**.....  
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