



**ROYAL GOVERNMENT OF BHUTAN**  
**NAME OF HCC**  
**DZONGKHAG**

**Name of Unit/Department/Ward:**

**Date:**

**Clinical Audit Check List (General)**

<b>SL. No.</b>	<b>General Clinical Audit Checklist</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Remarks</b>
1	Patient chart contains complete patient information as indicated				
2	Time of initial assessment is documented in the chart with name, signature and seal of the treating doctor				
3	Complete care process is documented (History, Assessment, Provisional Diagnosis, investigations, Treatment, Discharge planning and Outcome)				
4	The nursing assessment form is complete and care plan is documented with time and signature of the nurse				
5	Risk of developing pressure sores and risk of fall is assessed				
6	There is process for the assessment of nutritional need of the patients				
7	There are no "ERROR PRONE" abbreviations/symbols				
8	Mechanism in place for "look alike and sound alike" medications (Different location and labels)				
9	There is a mechanism to report incidents				
10	Ward emergency tray is readily available and updated daily				

**Name of Assessor:**

**Designation:**