



Nursing Progress Note Audit Tool V4

Type of note

1. Admission, Progress, Transfer accurately selected

1-yes 0-no

History of Present Illness

2. Briefly describes condition contributing to hospitalization; includes pertinent objective, specific descriptions of related medical and psychosocial information

1-yes 0-no

Evaluation/Impression

3. Synthesizes overall progress towards goals; describes variations from expected outcomes and plans to achieve goals
4. Reflects changes in patient status, impacting need for continued hospitalization or potential discharge (what's different?)
5. Includes follow-up actions related to changes in condition (what did you do?)
6. Compared to previous note, contains updated impression of patient's progress during this shift/time period (Is there something different in the note?)
7. Conveys thought process clearly

1-yes 0-no

1-yes 0-no

1-yes 0-no

1-yes 0-no

1-yes 0-no

Nursing Problems (base evaluation on all problems; if one goal, plan, or assessment is not met, score=0 for that item)

8. Goal/Expected Outcomes:
 - a. At least one goal is indicated
9. Plan/Intervention:
 - b. At least one intervention is indicated
10. Assessment:
 - a. Describes patient's response to interventions and progress towards goals with appropriate references to data captured on flowsheets, laboratory results or other tests
11. Free text fields:
 - a. Goals are measurable, time sensitive and achievable through nursing interventions
 - b. Plan/interventions will move the patient towards the goal

1-yes 0-no

1-yes 0-no

1-yes 0-no

1-yes 0-no

1-yes 0-no

Overall

12. Abbreviations are used appropriately in context and are not deemed "unacceptable" by policy.
13. Note provides enough information at handoff to provide safe care

1-yes 0-no

1-yes 0-no