

1998 Medical Record Review Sheet

Review to include the completeness, accuracy, timely completion and authentication of the following:

Patient MR# _____ Billing #: _____

Admitting Physician: _____ Admit Date: _____ Date H&P Done: _____

Item for Review	Study	Yes	No
1. Evidence of appropriate informed consent present in MR <ul style="list-style-type: none"> • Name of Procedure: _____ • Physician getting consent: _____ 	Open Records		
2. Reports of operative and other invasive procedures, tests, and their results <ul style="list-style-type: none"> • Progress note written within 4 hours of procedure which provides overview of procedure • Surgeon's name present • If there was an Assistant, his/her name present • Operative note describes procedure • Operative note lists tissue removed 	as above		
3. Records of donation and receipt of transplants/implants. <ul style="list-style-type: none"> • Implanted device information in MR which records manufacturer and device specific information 	as above		
4. Diagnostic and therapeutic orders <ul style="list-style-type: none"> • Med orders are complete: 	Open MR Review - general population		
Name of medication			
Dose			
Route			
Frequency			
• Diet orders are complete			
Specific diet			
TF orders list name of product, rate			
• Orders are authenticated by ordering physician			
• Orders are signed off by RN in accordance with P&P			
Daily Plan of Care reflects patient's needs			
Notes made by PT, OT, ST, or RT reflect patient reassessment and progress			

IF answers are no, Please indicate why: