

**Sample Scannable
Hospital Record Review Form**

Record Review Tool Long Form

Please print as neatly as possible and
USE ALL CAPS as shown.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Date of Review:

		/			/				
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Reviewers Last Name:

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Medical
Record #

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Admit Date:

		/			/				
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Check the Unit Reviewed

- | | | | | |
|-----------------------------|----------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> ED | <input type="checkbox"/> AmbSurg | <input type="checkbox"/> 3E | <input type="checkbox"/> TCC | <input type="checkbox"/> 5W |
| <input type="checkbox"/> 4E | <input type="checkbox"/> ICU | <input type="checkbox"/> IMC | <input type="checkbox"/> 6E | <input type="checkbox"/> JRU |

Attending Physician's Last Name:

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Areas of Review (Part 1)

GENERAL ITEMS FOR ALL PATIENT CARE SETTINGS

- | | | | | |
|-----|--|------------------------------|-----------------------------|------------------------------|
| 1. | Identification data [every page includes patient's name and MR#] [Note deficient forms on comments page]. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. | Evidence of appropriate informed consent includes information about the proposed treatment, benefits & drawbacks, alternatives, likelihood of success, the possible results of nontreatment, and problems related to recovery. [is the consent complete, see progress notes]. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2a. | Evidence of informed consent when required by hospital policy [is the consent present for all surgeries and special treatments]. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. | Evidence of known advance directives [only applicable for adult inpatients-see face sheet, Adm database] Compliant if face sheet <u>or</u> the Nsg. Database shows either a "Y" or "N" (indicates the patient was asked) Non-compliant only if blank or U on <u>both</u> the face sheet and the Nsg. Database. N/A only on outpts & children (make a note on the comments sheet if face sheet & database do not agree). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3a. | In the absence of an actual advance directive (for inpatients), the patient's wishes may be documented in the medical record (in accord with applicable state law); [Only applicable if documented that pt has an advance directive, but is not available and no documentation of its content is in the record]. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3b. | Patients who do not have an advance directive are provided information and an opportunity to formulate one. [Compliant if face sheet shows PSDA info is given]. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

