

Proforma for regional audit of omitted and delayed doses in hospital

Ward		Date		Auditor		H&CN or Hosp No.	
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Regular medicines

Once only / STAT doses

Total number doses prescribed		Total number doses omitted		Total number doses delayed	
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Total number doses prescribed		Total number doses omitted		Total number doses delayed	
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Omitted medicine	Critical			Prescribed		Date	Time							Reason documented								Appropriate		Comments				
	N	Y	Code	Reg	STAT		6	9 ³⁰ / 10	12/ 12 ³⁰	14	17 ³⁰ / 18	21 ³⁰ / 22	Other	1	2	3	4	5	6	7	8	Blank	Yes		No			
Totals																												

Delayed medicine	Critical			Prescribed		Date	Time dose due							Length of delay (hours)	Reason documented			Appropriate		Comments											
	N	Y	Code	Reg	STAT		6	9 ³⁰ / 10	12/ 12 ³⁰	14	17 ³⁰ / 18	21 ³⁰ / 22	Other		Reason			None	Yes		No										
Totals																															

Notes for auditor

Minimum sample size

5 patients per ward up to 20 beds

10 patients per ward over 20 beds

Complete one form for each patient. All doses on the existing Kardexes in use for each patient must be included within the audit including any discontinued prescriptions. Previous kardexs will not be included.

An omission is defined as a dose not administered before the next dose is due.

A delay is defined as two hours beyond the prescribed time of administration.

Further information can be recorded in the comments section if there are particular factors that contributed to an omission or delay.

Totals should be counted for each section and the auditor to confirm all totals are correct within each section.

Times and reasons for omissions should be adapted to correspond with the Kardex in use within the organisation and the number of doses entered for each medicine that is omitted or delayed.

Where a medicine is a critical medicine, a code should also be entered as follows:

Critical medicines	Code		Code		Code
Anti-infectives (injectable route)	A	Chemotherapy (injectable route)	H	Insulin	O
Anticoagulants	B	Clozapine	I	Parkinson's Disease medicines	P
Antiplatelets and thrombolytics (for acute indications)	C	Corticosteroids	J	Proton-pump inhibitors (injectable route)	Q
Anticholinesterases	D	Opioids	K	Resuscitation medicines including plasma expanders and reversal agents e.g. phytomenadione, naloxone, flumazenil, prothrombin complex	R
Anticonvulsants	E	Oxygen	L	'STAT' doses of any medicine (prescribed for immediate administration)	S
Antiretrovirals	F	Immunoglobulin	M	Desmopressin (cranial diabetes insipidus)	T
Bronchodilator (injectable or nebulised route)	G	Immunosuppressants	N		

Appropriate/inappropriate omissions

Each organisation should confirm whether a determination of appropriateness of omission can be conducted. Therefore this data will not collated regionally. Where this determination is being conducted, an auditor is required to judge whether an omission was appropriate or inappropriate and agreement must be sought within each organisation as to what is appropriate or inappropriate. For example, a blank record where a dose is overlooked or 'D' drug not available when it was available would be deemed unacceptable whereas a dose of a laxative refused because a patient had diarrhoea or a sleeping tablet not administered because a patient was already asleep would be deemed acceptable.

