

Southern Alberta Renal Program Hemodialysis Program
Hemodialysis Treatment Record Audit (Fresenius Machine) – October 2014

Guidelines for Audit Process:

- A set number of (minimum 3) patient charts in each unit will be audited each month on a rotational basis.
- The front-line nurses will complete the audits, also on a rotational basis.
- Site-specific monthly results will be submitted/reviewed/discussed as a standing agenda item at each staff meeting.
- The compliance target is 90%; if not achieved, program discussion/education will occur to mitigate the interfering factors.

Auditor Name/Designation:		Site:		Audit 1		Audit 2		Audit 3			
				Date: Pt. Initials:		Date: Pt. Initials:		Date: Pt. Initials:			
Quality Indicators				Requirements		YES	N/A	YES	N/A	YES	N/A
Page 1											
Date		YY/MM/DD		Filled in							
Access to Circulation	AVF or AVG	AVF or AVG		Checked							
		Right <i>or</i> Left		Checked							
		Upper <i>or</i> Lower		Checked							
		Thrill <i>and</i> Bruit		Checked							
		Successful <i>or</i> unsuccessful		Checked							
		# of tries		Value entered							
	If any abnormalities		Comment made								
	CVC	Left <i>or</i> Right		Checked							
		Non-tunnelled <i>or</i> Tunnelled		Checked							
		Exit site assessment		Checked							
If any abnormalities		Comment made									
Weight Dialyzer Profile		Target Weight (n/a ERS)		Value entered							
		Type of Dialyzer		Entered							
		UF Profile		Entered							
Machine & Prescription Settings		Machine #		Entered							
		Disinfect & chlorine (negative)		Both checked							
		Dialysis flow or AutoFlow factor		Value entered							
		Na+ Prescription		Value(s) entered							
		K+ Prescription & formation match		Value(s) entered							
		Ca+ Prescription		Value(s) entered							
		HCO3-		Value entered							
		BTM Control <i>or</i> Temp		Entered							
Initials		NS L Rinse		Value entered							
Heparin 1000 unit/mL		Prime, Program, Put on, Check		Initial for each							
		____ mL/20 mL syringe		Value entered & initialed							
		Boost: ____ unit		Value entered							
		Dose: ____ unit/h		Value entered							
Fluid Removal Calculation		Off Time: ____ minutes		Value entered							
		Pre-dialysis Weight		Value entered							
		Net Weight		Value entered							
		Target Weight		Value entered							
		Fluid Gain		Value entered							
		Target Fluid Loss		Value entered							
Weight & Vital Signs		Double check		Complete							
		Last Treatment Post-Dialysis		4 entries minimum							
		Pre-Dialysis		4 entries minimum							
		Post-Dialysis		4 entries minimum							

Quality Indicators		Requirements	YES	N/A	YES	N/A	YES	N/A
Admission Assessment	Arrival Time	Entered						
	Patient ID x 2	Checked						
	Outpatient <i>or</i> Inpatient	Checked						
	Mental status	Parameter x 1 checked						
	Arrived per self <i>or</i> assisted	Checked						
	Walking <i>or</i> W/C <i>or</i> Stretcher/Bed	Checked						
	Transfer mode	Parameter x 1 checked						
	Activity increased <i>or</i> decreased <i>or</i> no change	Checked						
	RESP/CVC/GI/GU	Comment made if any abnormalities						
	Medication changes	Yes or No checked						
	Appetite status	Parameter x 1 checked						
Signatures	Initial/Signature/Printed Name (n/a for ERS)	2 nurses minimum						

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Intra Dialysis Monitoring	Dialysis Start Time	Time entered						
	Dialysis Finish Time	Time entered						
	Recirculation Values (n/a for ERS)	Entered x 2						
	Every 30 minute checks on <u>all</u> parameters (minimum)	Values entered & Initialled						
Post Dialysis Parameters	Blood volume	Value entered						
	Effective Dialysis Time	Value entered						
	Total Weight Loss	Value entered						
	Minimum RBV	Value entered						
	Final Kt/V	Value entered						
	Initial Hgb	Value entered						
	Final Hgb	Value entered						
CVC Drsg (if CVC insitu)	Gauze <i>or</i> occlusive	Checked						
	Clean/Dry/Intact	Checked <i>or</i> Comment						
CVC Lock (if applicable)	Arterial & Venous amount	Value entered						
	Anticoagulant Type/Strength	Value entered						
	Initials	Entered						
Discharge Assessment	Discharge Time	Value entered						
	Discharge Status	Parameter x 1 checked						
	Mental status	Parameter x 1 checked						
	Departed per self <i>or</i> accompanied	Checked						
	Walking <i>or</i> W/C <i>or</i> Stretcher/Bed	Checked						
	If AVF/G site, hold time	Value entered						
	Dialyzer Appearance	Value circled						
	Venous Chamber/Filter	Value circled						
	Above/below target weight	Value entered						
	Nurse Initials Off	Entered						
	If any abnormalities	Comment made						
TOTAL YES & N/A								
*PERCENT SCORE								

***PERCENT SCORE** = (Total Yes ___ x 100) divided by (78 total possible points – total N/A ___ = ___ Total Possible Points)