## **ED Documentation spot check**

|                                 | Yes | NO |
|---------------------------------|-----|----|
| All entries legible, signed and |     |    |
| timed                           |     |    |
| Appropriate triage              |     |    |
| Falls risk screen               |     |    |
| Pain score documented           |     |    |
| Any analgesia given if pain     |     |    |
| score documented                |     |    |
| Allergies documented and        |     |    |
| allergy band in place           |     |    |
| Blood tests recorded            |     |    |
| Safety checklist started        |     |    |
| PVC care recorded               |     |    |
| completed if applicable         |     |    |
| Patient property record         |     |    |
| completed                       |     |    |
| TAG form completed if           |     |    |
| applicable                      |     |    |
|                                 |     |    |

| Action points |
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| Completed by  |
| Date          |