

GHH ED Spot Check _____

Date & Time : **12 August 2019** _____ Patient PID.....

Named nurse..... NIC/ Completed by.....

Mews frequency compliant FREQUENCY ESCALATION	
Intentional rounding compliant	
Treatment given in a timely manner/ up to date	
Appropriate bed/mattress	
Documentation at required standard	
Medical plan adhered to	
Appropriate documentation in place I.e. CBG chart, DKA documentation, Fluid balance etc.	

Spot check passed	
Spot check failed	

Escalated to

If a spot check is failed, please ensure all other documentation / patient notes of the named nurse undergo a spot check, and that actions are implemented to ensure all necessary tasks are completed