AUDIT TOOL

<table>
<thead>
<tr>
<th>Facility: ____________________________</th>
<th>Ward: ____________________________</th>
<th>(affix patient label here)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Triage Time</strong></td>
<td><strong>Time: __ __: __ __ (24 hour clock)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Age</strong></td>
<td><strong>Date: __ __/ ____/ __ __ DD/MM/YY</strong></td>
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<tr>
<td></td>
<td><strong>Age: _____ (years or months if &lt;2 years)</strong></td>
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<tr>
<td></td>
<td><strong>Weight: ____ kg □ No weight documented in record</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Pain score or descriptors at triage</strong></td>
<td>Pain Score _____</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ No documentation of pain score/category in record</td>
<td></td>
</tr>
<tr>
<td><strong>Tool used during presentation</strong></td>
<td>□ NIPS (Neonatal Infant Pain Score) &lt; 2 months</td>
<td></td>
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<tr>
<td></td>
<td>□ FLACC (Face Leg Activity Cry &amp; Consolability) 2 months -7 years</td>
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<tr>
<td></td>
<td>□ Faces Pain Scale – revised &gt; 4 years</td>
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<tr>
<td></td>
<td>□ Linear Scale &gt; 7 years</td>
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<tr>
<td></td>
<td>□ Tool used not documented</td>
<td></td>
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<tr>
<td><strong>Pain relief given</strong></td>
<td>□ No pain relief given</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Play/ distraction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Physical eg. ice, elevation, sling, splint</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Pharmacological –oral, topical, rectal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Pharmacological –intranasal, intravenous, intramuscular</td>
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<tr>
<td></td>
<td>□ Pharmacological – local or regional block</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was analgesia the right dose for weight? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ No documentation in record</td>
<td></td>
</tr>
<tr>
<td><strong>Was the analgesia administered appropriate to the pain score</strong></td>
<td>□ Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td><strong>Effect of pain relief measured</strong></td>
<td><strong>Time: __ __: __ __ (24 hour clock)</strong></td>
<td></td>
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<tr>
<td></td>
<td><strong>Date: __ __/ ____/ __ __ (DD/MM/YY)</strong></td>
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</tr>
<tr>
<td></td>
<td>□ Text description</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Pain tool used</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Score ________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ No documentation in record</td>
<td></td>
</tr>
<tr>
<td>*Time from documented identification of pain to administration of analgesia</td>
<td>__ __ hours/minutes</td>
<td></td>
</tr>
<tr>
<td><strong>Signature:</strong> ____________________________</td>
<td><strong>Designation:</strong> ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

THIS IS NOT A MEDICAL RECORD FORM
COMPLETING THE AUDIT TOOL


- Select records of patients with injury or pain as the presenting problem
- All dates are in DD/MM/YY format & times are in HH:MM 24 hour clock format
- Patient label must be attached to each sheet
- All fields are mandatory
- The signature and designation boxes are to record the name of the person completing the form
  *Identification of pain can be at any point in the presentation

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