

St. Marys' Hospital Lacor – Dr.Ambrosoli Kalongo Hospital –
Results Based Financing Program 2018-2021
NURSING PROCEDURES REVIEW FORM

CASE ID _____ Admitted |__|__|__| Discharged |__|__|__| Age mo|__|__|

DIAGNOSIS: _____

Proper administration of therapies of 10 x 8 admitted cases	
1) Therapies have been given properly (Oral, injection, IV line, fluids)	N.A. 0 <input type="checkbox"/> NO -1 <input type="checkbox"/> Unclear 1 <input type="checkbox"/> YES 3 <input type="checkbox"/>
2) Charts correspond to the correct patients	N.A. 0 <input type="checkbox"/> NO -1 <input type="checkbox"/> Unclear 1 <input type="checkbox"/> YES 3 <input type="checkbox"/>
3) Weight and vital signs recorded (Wt, Temp, Resp Rate etc)	N.A. 0 <input type="checkbox"/> NO -1 <input type="checkbox"/> Unclear 1 <input type="checkbox"/> YES 3 <input type="checkbox"/>
4) Fluids balance chart is present, when applicable	N.A. 0 <input type="checkbox"/> NO -1 <input type="checkbox"/> Unclear 1 <input type="checkbox"/> YES 3 <input type="checkbox"/>
5) Bowel actions recorded in case of diarrhea - dehydration	N.A. 0 <input type="checkbox"/> NO -1 <input type="checkbox"/> Unclear 1 <input type="checkbox"/> YES 3 <input type="checkbox"/>
TOTAL SCORE	

Commentato [TM1]: Verificare la checklist del last mile dei farmaci per vedere se c'è da integrare

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TOTAL SCORE	

Commentato [TM2]: Verificare la checklist del last mile dei farmaci per vedere se c'è da integrare