CLINICAL AUDIT

Facility: _____ **Clinical Dietitian:** _____ **Regional Dietitian:** _____ **Date:** _____

Room Number	Resident Name	Status W,PS,N,E,A	Assessment Timely/Date	Matches Resident, MNT			Nutritional Needs Assessed				Risk Factors Identified, Assessed					Interventions A, T, I, L	Outcomes Reviewed	Date Deficiencies Corrected
				MDS	Focus, RAPS	Care Plan	Calories	Protein	Fluid	Vit/Min	Weight	Labs	Skin	Intake	Other			

Instructions: Selection of resident records to audit should include 10% new admissions, 10% over 1 year stay, and 10% random choice for a total of 40% in each category audited annually.
Code: "O" for "no" or negative; blank space for "yes" or positive response.
Status: "W"=weight; "PS"=pressure sores; "N"=new; "E"=enteral; "A"=more than 1 year
Intervention: "A"=appropriate; "T"=timely; "I"=inappropriate; "L"=late

Rm	Resident Name	Findings, Recommendations, and Reasons	Clinician's Action Plan

Adapted with permission of D Cassens, MA, RD