DIABETIC AUDIT

Audit Date_____ # Charts Audited_____

Chart number										
Sex/ Age										
Basic demographics noted?										
Patient ID on all pages?										
Diabetic flow sheet current?										
Life Cycle form current?										
Legible?										
Entries dated?										
Entries signed?										
Patient history on chart?										
Patient history signed by Provider?										
Problem list current?										
Medication list current?										
Allergies documented?										
Reason for visit listed?										
Vital signs charted?										
Type of DM (1 or 2) listed?										
Monitored every three months?										
Self-Management goals set?										
A1C 2x in 1 yr.										
Lipid panel 1x yr.										
Test ordered returned?										
Referred to Dental?										
Referred to Optometry?										
Referred to Podiatry?										
Referred to dietary?										
Depression screen?										
Substance abuse screen?										
Smoking assessment?										
Referred to smoking cessation?										
Flu vaccine annual?										
Pneumonia vaccine every 5 yrs.?										
Updated in PECS?										