

PERFORMANCE CHECKLISTS

Documenting on Medical Record

Name _____

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below.

Equipment: Medical record, pen, notes to be charted.

- _____ 1. Check for right resident, right record, right room.
- _____ 2. Review each form for identifying information.
- _____ 3. Date and time each entry.
- _____ 4. Record care as soon as possible after care is completed.
- _____ 5. Use correct color of ink.
- _____ 6. Document according to facility policy and procedures.
- _____ 7. Record entries in proper time sequence.
- _____ 8. Make entries brief, objective and accurate.
- _____ 9. Spell each word correctly.
- _____ 10. Print or write legibly.
- _____ 11. Leave no blank spaces or lines between entries.
- _____ 12. Sign each entry with first initial, last name and title.
- _____ 13. Correct errors according to facility policy.
- _____ 14. Complete other forms as directed:
 - ___ graphic sheets
 - ___ intake and output records
 - ___ flow sheets
- _____ 15. Use only abbreviations approved for use by facility.

Pass _____ Instructor's Signature _____ Date _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, or allow the individual to study the skill after selection or before demonstration when the individual was being tested for competency. 2005