

Emergency Room Clinical Record Review

Chart # _____ Date of ER visit _____

Provider on call _____ Time of ER visit _____

Presenting complaint documented adequately Y N

If no, comment _____

The screening examination was appropriate Y N

If no, comment _____

Appropriate ancillary services ordered Y N NA

If no, comment _____

Based on record documentation the patient had an emergency medical condition Y N

If no, comment _____

Discharge Instructions adequate/appropriate Y N

If no, comment _____

If follow-up needed was it documented Y N NA

If no, comment _____

Was it appropriate that the practitioner did not come in Y N

Comments: _____

Reviewed at Clinical Review on _____ Reviewer _____

Does the chart need to go back to the practitioner for comment Y N

If yes, practitioner's comments _____

Signature _____ Date _____