PRACTICE IMPROVEMENT CHART AUDIT TOOL (PRE)

(For Chart Audits #1 - 10)

Physician Name_____

Use this tool to record information regarding 10 adult patients for whom you've prescribed opioids. Although not an absolute requirement, it is preferred that these patients be consecutive. Please record the requested information here and then enter into the EM Painline Website at your convenience. If you have any questions please contact us at info@empainline.org.

Patient #	Date of Visit	Age	Gender	Reason for Visit (Choose one)	Discharge Diagnosis (Choose one)	Specific Opioid Prescribed (Choose strongest opioid)	Quantity Prescribed (Enter amount)	PAT Queried? (Yes/No)	Did you provide written instructions regarding opioid storage? (Yes/No)	Did you provide written instructions regarding opioid disposal? (Yes/No)
1										
2										
3										
4										
5										

Patient #	Date of Visit	Age	Gender	Reason for Visit (Choose one)	Discharge Diagnosis (Choose one)	Specific Opioid Prescribed (Choose strongest opioid)	Quantity Prescribed (Enter amount)	PAT Queried? (Yes/No)	Did you provide written instructions regarding opioid storage? (Yes/No)	Did you provide written instructions regarding opioid disposal? (Yes/No)
6										
7										
8										
9										
10										