

Subject Number: \_\_\_\_\_

**Sample Audit for Patients with Hemiplegia**

**Bedside Cards and Equipment**

- 1. Was a positioning card placed at bedside?  Yes  No
- 2. Was a transfer card placed at bedside?  Yes  No
- 3. Was a diagram of sling application placed at bedside?  Yes  No
- 4. Was a hemi sling at bedside?  Yes  No
- 5. If patient requiring assistance to transfer, was a:
  - wheelchair assigned to the patient?  Yes  No
  - lap tray assigned to the patient?  Yes  No

**Position of Patient**

- 1. Was patient in:
  - Supine
  - Supine with HOB elevated \_\_\_\_\_ degrees
  - Side lying on hemiplegic side
  - Side lying on non-hemiplegic side
  - Sitting upright in bed
  - Sitting in chair
  - Sitting in wheelchair
  
- 2. Was the hemiplegic arm supported as per diagrams?  Yes  No  
 If not describe position found:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 3. If arm not supported was the RN caring for the patient contacted?  Yes  No
  
- 4. What were the results of discussion with RN?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Follow up with RN**

- 1. Do you find the pictures at the bedside helpful for positioning the stroke patient?
- 2. What type of transfer do you use with this patient?
- 3. Do you use a hemisling with this patient during transfers?
- 4. What barriers do you find in:
  - a. implementing the positions?
  - b. transferring the patient?
  - c. applying the hemisling?
- 5. Would you find it useful to have an update session to practice your skills?
- 6. Do you find the protocol contributes to improving patient care and comfort? Why or why not?

*Data collected through direct observation.*

*Any member of the team could collect this data or perhaps even a trained student.*

*Data collected through follow-up with the RN*