

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