

**PRACTICE ASSESSMENT REPORT  
EMERGENCY MEDICINE MANAGEMENT**



**CLINICAL PRACTICE**

**EMERGENCY MEDICINE MANAGEMENT**

**INSTRUCTIONS**

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician's actions in the emergency department.

EMERGENCY MEDICINE MANAGEMENT	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
1. Records are organized, clear, legible and ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The history of the presenting problem (i.e. chief complaint is clear; symptoms adequately described) is acquired ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Medical history, including medications and allergies is acquired...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Physical examination with significant positive/negative physical findings is conducted...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Laboratory tests, x-rays, and other diagnostic investigations are clinically indicated and ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Management of immediate life or limb threatening problems is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Signs of potentially critical illnesses (based on abnormal vitals' key signs and symptoms) are recognized and acted upon...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Prescribing (type, dose, duration, route) is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Use of consultants is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Patient reassessment (includes assessment at appropriate intervals given the presenting clinical condition) is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Investigation results (i.e., ECG/X-Rays) are documented...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. A working/provisional diagnosis is based on objective and subjective findings and is formulated...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Patient follow-up (i.e., consultations with family physician, etc.) is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Disposition instructions (admission/transfer/discharge) are ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>SECTION RECOMMENDATION:</b>	APPROPRIATE	APPROPRIATE WITH SUGGESTIONS	CONCERNS
EMERGENCY MEDICINE MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**INSTRUCTIONS**

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician's actions in the emergency department.

No concerns/suggestions

**DETAILS/COMMENTS:**

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**MEDICAL RECORDS**

**MEDICAL RECORD COMPONENTS**

**INSTRUCTIONS**

Please list any comments that you have on the medical record components.

No concerns/suggestions

**DETAILS/COMMENTS:**

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**PATIENT RECORD SUMMARY**

**INSTRUCTIONS**

This is the record for all patient charts reviewed. Please complete the table below for **each** chart that is reviewed, **regardless of whether or not there is a concern/suggestion**. Each record reviewed should include a patient identifier (**please refrain from using full patient names**), the date of visit, the presenting problem and your comments. If there are no concerns/suggestions, please ensure that you have briefly given some indication as to why the care is appropriate or exemplary.

TOTAL NUMBER OF CHARTS REVIEWED:

<b>PATIENT IDENTIFIER</b> (Initials/Chart Number)  <b>AND</b>  <b>DATE OF BIRTH</b> (dd/mm/yyyy)	<b>DATE OF VISIT</b> (dd/mm/yyyy)	<b>PRESENTING PROBLEM OF PATIENT/CLINICAL ISSUE</b>	<b>COMMENTS - CONCERNS - SUGGESTIONS REGARDING PATIENT CARE</b>



**PRACTICE ASSESSMENT REPORT  
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**GENERAL COMMENTS**

**INSTRUCTIONS**

Please list any additional or general comments that you have regarding this assessment.

No concerns/suggestions

**DETAILS/COMMENTS:**