



NURSING SCORECARD

Employee Name or # _____

MEASURE	MEASURE DEFINITION	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	TOTAL %	Comments	Follow up needed
Nursing Assessment	Nursing assessment complete within time frame indicated in P&P							
Fall Risk	Potential for falls assessed upon admission							
	High risk identification applied							
	Care plan for high risk for falls documented							
	Interventions initiated and documented							
	Patient re-assessed according to Fall Risk Plan.							
	Fall risk included in handoff							
Skin Integrity	Nursing assessment includes a complete skin assessment upon admission							
	Findings of any skin impairment are documented and communicated to physician							
	Wounds are measured and documented per hospital p&p							
	Reassessment of wound or wound dressing is documented q shift according to hospital p&p							
	Wound status included in handoff							
	Care Plan for actual or potential skin impairment is implemented							
Informed Consent	Informed Consent for surgical or invasive procedure is present in record with date/time and signature of physician, patient and witness							
	Completed document is present prior to patient receiving anesthesia							
Critical Values	Critical results from lab, radiology or other diagnostic testing are documented							
	Critical results reported to attending physician within designated time frame according to hospital P&P							

	Critical results are included in handoff							
Verbal Orders	Nurse reads back ALL verbal orders							
	There are no "blanket orders" such as "continue home meds"							
Cultural or Language barriers identified	Initial assessment for cultural or language barriers are identified							
	Care plan includes interventions for reducing risk associated with barrier(s)							
	Interventions are documented in nursing notes							

Comments:

Supervisor Signature _____

