

This audit tool is designed to be used with the accompanying protocol

Section 1 General information

- | | | | | |
|-------------------------------------|----------------------------------|------------------------------|----------------------------------|---|
| 1.1 Client ID | --- | 1.6 Indigenous status | Aboriginal | 1 |
| 1.2 Medicare number recorded | 1-Yes
0-No | | Torres Strait Islander | 2 |
| | | | Both | 3 |
| | | | Neither | 4 |
| | | | Not stated | 5 |
| 1.3 Date of birth | <input type="text" value="/ /"/> | 1.7 Auditor | <hr/> | |
| 1.4 Age at date of Audit | <input type="text"/> | | | |
| 1.5 Gender | Male 1
Female 2 | 1.8 Audit date | <input type="text" value="/ /"/> | |

Section 2 Attendance at health centre

- | | | | | |
|--|---|---------------------------|---|---|
| 2.1 Date last attended | <input type="text" value="/ /"/> | 2.5 First seen by: | Aboriginal &/or Torres Strait Islander Health Worker/Practitioner | 1 |
| 2.2 If the client has NOT attended within 12 months is there any record of an unsuccessful follow up attempt since last attendance? | 1-Yes
0-No
9-N/A | | Nurse | 2 |
| | | | General practitioner | 3 |
| | | | Specialist | 4 |
| | | | Allied health professional | 5 |
| | | | Other | 6 |
| | | | Not stated | 7 |
| 2.3 Reason for last attendance | Acute care 1
Immunisation 2
Child health check 3
Other 4 | | | |
| 2.4 If reason for last attendance is 'Other' please provide description: | <hr/> | | | |

Section 3 Key information in client record summaries

3.1 Is a growth chart present which shows regular recording of child's weight and height over time? Look for the growth chart and action plan used in your jurisdiction

1-Yes
0-No

3.2 Is an immunisation chart/record present? Look for the standard chart or record used in your jurisdiction

1-Yes
0-No

3.3 Is the child on a recall system for care?

1-Yes
0-No

3.4 Is there a Child Health Check MBS item 715 completed in the last 12 months?

1-Yes
0-No
9-N/A

3.5 If not, is there an alternative Child Health Check completed in the last 12 months?

1-Yes
0-No
9-N/A

Section 4 Scheduled immunisations

If doing paper based audits, it may be timesaving to print or copy the list of immunisations recorded for each child record audited and attach it to this tool for data entry.

Record immunisations as 1- Yes if given, or 0-No if not given. Record date given as dd/mm/yy

Scheduled Age	Immunisation	Given		Date given	
Birth	Hep B	1-Yes	0-No	/	/
2 Months	DPTa /Hib/ Hep B/IPV	1-Yes	0-No	/	/
	Pneumococcal	1-Yes	0-No	/	/
	Rotavirus	1-Yes	0-No	/	/
4 Months	DPTa /Hib/ Hep B/IPV	1-Yes	0-No	/	/
	Pneumococcal	1-Yes	0-No	/	/
	Rotavirus	1-Yes	0-No	/	/
6 Months	DPTa /Hib/ Hep B/IPV	1-Yes	0-No	/	/
	Pneumococcal	1-Yes	0-No	/	/
	Rotavirus	1-Yes	0-No	/	/
12 Months	MMR	1-Yes	0-No	/	/
	Hib	1-Yes	0-No	/	/
	MenCCV	1-Yes	0-No	/	/
18 Months	Hep A	1-Yes	0-No	/	/
	VZV	1-Yes	0-No	/	/
	MMR	1-Yes	0-No	/	/
	Hep A	1-Yes	0-No	/	/
	Pneumococcal	1-Yes	0-No	/	/
4 Years	DPTa/IPV	1-Yes	0-No	/	/
	MMR	1-Yes	0-No	/	/
10 – 14 years	Hep B - 1	1-Yes	0-No	/	/
	Hep B - 2	1-Yes	0-No	/	/
	VZV	1-Yes	0-No	/	/
	HPV - 1	1-Yes	0-No	/	/
	HPV - 2	1-Yes	0-No	/	/
	HPV - 3	1-Yes	0-No	/	/
	DPTa	1-Yes	0-No	/	/

Section 5 Audit of scheduled services

Is there a **record of each of the following services** having been provided at least once in the last 12 months?

NOTE: If a service is not recommended or scheduled in your jurisdiction circle 9-N/A for those item/s for all child audits.

MEASUREMENTS and RESULTS

5.1 Weight	1-Yes	0-No	9-N/A
5.2 Length/height	1-Yes	0-No	9-N/A
5.3 Head circumference (<12 mths)	1-Yes	0-No	9-N/A
5.4 BMI (≥2 yrs)	1-Yes	0-No	9-N/A
5.5 Haemoglobin (if indicated-refer to protocol)	1-Yes	0-No	9-N/A
5.6 Urinalysis for proteinuria (N/A in WA)			

Date	Value
/ /	kg
/ /	cm
/ /	cm
/ /	kg/m ²
/ /	g/L

APPEARANCE

5.7 Testes check (males <12 mths)	1-Yes	0-No	9-N/A
5.8 Hip examination (<12 mths)	1-Yes	0-No	9-N/A
5.9 Gait (N/A in WA)			
5.10 Skin check	1-Yes	0-No	9-N/A
5.11 Oral hygiene (≥6 mths)	1-Yes	0-No	9-N/A

EXAMINATIONS

5.12 Cardiac auscultation	1-Yes	0-No	9-N/A
5.13 Respiratory examination	1-Yes	0-No	9-N/A
5.14 Ear examination	1-Yes	0-No	9-N/A
5.15 Eye examination	1-Yes	0-No	9-N/A
5.16 Trachoma (if indicated – refer to protocol)	1-Yes	0-No	9-N/A

DEVELOPMENTAL

5.17 Developmental Milestones (<4 yrs)	1-Yes	0-No	9-N/A
5.18 Vision	1-Yes	0-No	9-N/A
5.19 Hearing	1-Yes	0-No	9-N/A
5.20 Parent-Child interaction (<4 yrs)	1-Yes	0-No	9-N/A

Brief intervention/advice. Have the following issues been discussed at least once in the last 12 months?

NUTRITION

5.21 Breast feeding (<2 yrs)	1-Yes	0-No	9-N/A
5.22 Nutrition	1-Yes	0-No	9-N/A

PREVENTIVE FACTORS

5.23 SIDS prevention (<12 mths)	1-Yes	0-No	9-N/A
5.24 Passive smoking risk	1-Yes	0-No	9-N/A
5.25 Infection prevention/hygiene	1-Yes	0-No	9-N/A
5.26 Oral health (≥8 mths)	1-Yes	0-No	9-N/A
5.27 Injury prevention	1-Yes	0-No	9-N/A

DOMESTIC, SOCIAL, ENVIRONMENTAL FACTORS

5.28 Domestic/social environment (<5 yrs)	1-Yes	0-No	9-N/A
5.29 Social/family support (<5 yrs)	1-Yes	0-No	9-N/A
5.30 Financial situation (<5 yrs)	1-Yes	0-No	9-N/A
5.31 Housing condition (<5 yrs)	1-Yes	0-No	9-N/A
5.32 Food security (<5 yrs)	1-Yes	0-No	9-N/A

DEVELOPMENTAL FACTORS

5.33 Physical and mental stimulation (<5 yrs)	1-Yes	0-No	9-N/A
5.34 Physical activity (>3 yrs)	1-Yes	0-No	9-N/A
5.35 Education progress (≥5 yrs)	1-Yes	0-No	9-N/A
5.36 Social and Emotional Wellbeing	1-Yes	0-No	9-N/A
5.37 Sexual and reproductive health/Safe sex advice (>3 yrs)	1-Yes	0-No	9-N/A

RISK FACTORS

5.38 Smoking (≥5 yrs)	1-Yes	0-No	9-N/A
5.39 Alcohol use (N/A in WA)			
5.40 Drug/substance use (≥5 yrs)	1-Yes	0-No	9-N/A

Section 6 Follow-up of abnormal clinical findings

NB. Management plans in response to abnormal findings may include these items.

6.1 Evidence of growth faltering, or failure to thrive?		1-Yes	0-No	9-N/A
6.2 If yes, is there:	a record of clinical assessment by MO/ paediatrician?	1-Yes	0-No	9-N/A
	a record of follow-up weights?	1-Yes	0-No	9-N/A
	a record of nutrition advice?	1-Yes	0-No	9-N/A
	a record of family meeting?	1-Yes	0-No	9-N/A
	a record of action plan made?	1-Yes	0-No	9-N/A
	a record of referral to support services (eg social worker, home visiting service, SWSBSC program, nutrition program, child care, other community resource)?	1-Yes	0-No	9-N/A
	other appropriate action?	1-Yes	0-No	9-N/A

6.3 Evidence of overweight/obesity? (See protocol for definition/guidelines)		1-Yes	0-No	9-N/A
6.4 If yes, is there:	a referral to dietician/medical officer?	1-Yes	0-No	9-N/A
	a record that blood pressure has been assessed?	1-Yes	0-No	9-N/A
	a record that venous blood glucose has been assessed?	1-Yes	0-No	9-N/A
	a record of blood lipids being taken and assessed?	1-Yes	0-No	9-N/A

6.5 Evidence of recurrent or chronic ear infections? (≥ 2 in the last 12 months)		1-Yes	0-No	9-N/A
6.6 If yes, is there:	a record of follow-up examinations?	1-Yes	0-No	9-N/A
	a record of advice on ear care?	1-Yes	0-No	9-N/A
	a record of prescription of antibiotics?	1-Yes	0-No	9-N/A
	a record of action plan made?	1-Yes	0-No	9-N/A
	a record of referral for Audiology?	1-Yes	0-No	9-N/A
	a record of referral to ENT?	1-Yes	0-No	9-N/A
	other appropriate action?	1-Yes	0-No	9-N/A

6.7 Evidence of anaemia? (<110g/L)		1-Yes	0-No	9-N/A
6.8 If yes, is there:	a record of dietary/nutrition advice given?	1-Yes	0-No	9-N/A
	a record of deworming?	1-Yes	0-No	9-N/A
	a record of prescription of iron supplement?	1-Yes	0-No	9-N/A
	a record of follow up FBE or haemoglobin within 2 months?	1-Yes	0-No	9-N/A

6.9 Evidence of recurrent/chronic respiratory disease? (>3 episodes of chest infection requiring antibiotics in previous year)		1-Yes	0-No	9-N/A
6.10 If yes, how many chest infections requiring antibiotics are recorded in the last 12 months?				
6.11 If yes, is there:	a record of referral for paediatric respiratory assessment?	1-Yes	0-No	9-N/A
	a record of paediatric respiratory assessment report?	1-Yes	0-No	9-N/A

6.12 Evidence of infected skin sores? (See protocol for clarification)	1-Yes	0-No	9-N/A
6.13 If yes , is there:			
a record that cleaning and IM or oral antibiotic treatment was commenced?	1-Yes	0-No	9-N/A
a record of swabs being taken if not improving?	1-Yes	0-No	9-N/A
a follow up check that treatment has been effective?	1-Yes	0-No	9-N/A

6.14 Evidence of scabies?	1-Yes	0-No	9-N/A
6.15 If yes , is there:			
a record treatment has commenced?	1-Yes	0-No	9-N/A
a follow up check that treatment has been effective?	1-Yes	0-No	9-N/A

6.16 Evidence of proteinuria? (1+ protein on urinalysis) (See protocol for applicability)	1-Yes	0-No	9-N/A
6.17 If yes , is there:			
a record of urine sent for ACR?	1-Yes	0-No	9-N/A
a record of follow up by medical officer	1-Yes	0-No	9-N/A

Is there evidence of concern regarding these issues?

6.18 Developmental delay	1-Yes	0-No	9-N/A
6.19 If yes , is there:			
a record of referral?	1-Yes	0-No	9-N/A
a record of a follow up?	1-Yes	0-No	9-N/A

6.20 Domestic environment (Violence, substance use, gambling)	1-Yes	0-No	9-N/A
6.21 If yes , is there:			
a record of referral?	1-Yes	0-No	9-N/A
a record of a follow up?	1-Yes	0-No	9-N/A

6.22 Family support and financial situation (and availability of support)	1-Yes	0-No	9-N/A
6.23 If yes , is there:			
a record of referral?	1-Yes	0-No	9-N/A
a record of a follow up?	1-Yes	0-No	9-N/A

6.24 Housing condition and food security	1-Yes	0-No	9-N/A
6.25 If yes , is there:			
a record of referral?	1-Yes	0-No	9-N/A
a record of a follow up?	1-Yes	0-No	9-N/A

Changes to this audit tool and data entry are carefully monitored to ensure that trending over CQI cycles is possible. If you notice discrepancies between what is audited, and what is recommended best practice in your jurisdiction, or have any questions, please contact One21seventy by email: one21seventy@menzies.edu.au or phone 1800 082 474. Your feedback is appreciated