

NURSE PRACTITIONERS

# Chart Review Guidelines

Nurse Practitioner Peer Review



900 – 200 Granville St  
Vancouver, BC V6C 1S4  
Canada

T: 604.742.6200  
Toll-free: 1.866.880.7101  
[bccnm.ca](http://bccnm.ca)

Last Updated: March 2023

# Table of Contents

<b>Guidelines for Completion of Chart Review Worksheet</b>	<b>3</b>
<b>I. Documentation of Client Status</b>	<b>3</b>
1. Subjective Findings.....	3
2. Objective Findings.....	3
<b>II. Diagnosis(es)/Differential Diagnosis</b>	<b>4</b>
3. Diagnosis/Differential diagnosis.....	4
4. Plan of Care.....	4
5. Pharmacotherapy.....	5
<b>III. Prescribing / Safety</b>	<b>5</b>
6. Controlled Drug and Substances Prescribing and Opioid Agonist Therapy.....	5
7. Safety.....	6
<b>Appendix 1. Quality Assurance: NP Peer Review for Nurse Practitioners</b>	<b>7</b>
Chart Review Worksheet.....	7

## Guidelines for Completion of Chart Review Worksheet

These guidelines are derived from the [Entry Level Competencies for Nurse Practitioners in Canada](#), the [BCCNM Scope of Practice for Nurse Practitioners](#), and other applicable BCCNM Standards of Practice ([Scope of Practice for NPs](#), [Professional Standards](#) and [Practice Standards](#)).

The guidelines provide criteria to evaluate documentation against each of the seven sections of the chart review worksheet. In the NP Peer Review Process, the assessor documents objective, factual information and examples from client documentation relative to these guidelines.

Through these guidelines our aims are to demonstrate alignment of the peer review criteria with BCCNM Standards of Practice, NP competencies, and to promote **inter-rater reliability** and ultimately a review that is consistent, transparent and fair.

### I. Documentation of Client Status

#### 1. SUBJECTIVE FINDINGS

##### [Entry Level Competencies:](#)

- 1.1 Reason for visit clearly documented
- 1.2 Pertinent positive and negative history documented
  - Includes pertinent past medical history (PMH), family history (FH), social history (SH), mental health history, allergies, personal profile (where appropriate), medication reconciliation<sup>1</sup> and PharmaNet

#### 2. OBJECTIVE FINDINGS

##### [Entry Level Competencies:](#)

- 2.1 Congruent with history findings
- 2.2 Pertinent positive and negative findings documented
- 2.3 Uses appropriate screening tools
- 2.4 Advanced procedures documented appropriately; consent documented
  - In accordance with NP Scope of Practice Standards, Limits and Conditions: Section D: Advanced Assessments; and Section E. Advanced Procedures and Activities [Click here for Scope](#); NP Privileging dictionary.

---

<sup>1</sup> As per BCCNM's Practice Standard for RNs and NPs Medication Administration, definition: Medication reconciliation is a structured process in which healthcare professionals partner with clients, families and caregivers for accurate and complete transfer of medication information at transitions of care. (Accreditation Canada)

## II. Diagnosis(es)/Differential Diagnosis

### 3. DIAGNOSIS/DIFFERENTIAL DIAGNOSIS

[NP Scope of Practice Standards, Limits and Conditions](#): Section C: Ordering Diagnostic Services and Managing Results, [Click here for Scope](#)

Entry Level [Competencies](#):

- 3.1 Evidence of synthesis of pertinent positive and negative information to formulate differential diagnosis; rules in / out differential; confirms most likely

### 4. PLAN OF CARE

Entry Level [Competencies](#); NP Scope of Practice Standards, Limits and Conditions, Section C. Ordering Diagnostic Services and Managing Results; Section D: Advanced Assessments; Section E. Advanced Procedures and Activities, , [Click here for Scope](#)

- 4.1 Identifies priorities for management

- Interpretation is accurate and includes sound clinical and diagnostic reasoning; diagnostic investigations are noted as initiated or checked
- Entry Level Competencies;

- 4.2 Appropriate diagnostic investigations (ordered or performed)

- Congruent with diagnosis and differential
- Appropriate age-related screening/monitoring/health maintenance (in keeping with evidence informed practice)

- 4.3 Education/Health Promotion

- Considers health risks and health promotion/illness/injury prevention and evidence informed screening
- Includes risks/benefits/therapeutic options and client perspective (of plan of care/treatments)

- 4.4 Follow up plan

- Plan is evaluated and revised according to outcomes, progress, goals, client preferences, health status and evidence-informed practice as appropriate

- 4.5 Collaboration, consultation and referral as necessary

- Appropriate and timely as determined by the urgency of the situation
- As per [NP Scope of Practice Standards, Limits and Conditions: Section B: Consultation and Referral](#). [Click here for Scope](#)

## 5. PHARMACOTHERAPY

### 5.1 Prescriptions thorough, clear and appropriate

- Appropriate to: client's health history (including mental health, substance use and addiction history, family history) lifestyle, circumstances, age/gender, current health status, client perspective and other relevant factors
- Considers contraindications and potential drug interactions
- As per NP Scope of Practice Standards, Limits and Conditions: Section F: Prescribing Drugs [Click here for Scope](#)
- Entry Level Competencies

### 5.2 Drug allergies or No known allergies noted, prominently highlighted and visible

## III. Prescribing / Safety

## 6. CONTROLLED DRUG AND SUBSTANCES PRESCRIBING AND OPIOID AGONIST THERAPY

Entry Level [Competencies](#)

[NP Scope of Practice](#) Standards, Limits and Conditions: Section F: Prescribing Drugs; Section G: Opioid Agonist Treatment Prescribing for Opioid Use Disorder; [Click here for Scope](#)

[College of Pharmacists of BC—CDS schedule](#)

[Controlled Drug and Substances Act](#)

Documentation Practice Standard

BCCNM bylaws Part 8 Client Care Records

### 6.1 Documented use of PharmaNet for prescription review

### 6.2 Documented safety plan when initiating, monitoring and titrating

- Urine drug screen when appropriate
- Offered home naloxone kit
- Follows Dispensing Medications Practice Standard
- Opioid Agonist Therapy
- Documented diagnosis of addiction
- Considers risk of overdose
- Specifying stop and start dates
- Indicating dispense with ingestion or carry doses
- Suboxone
- Documented withdrawal score e.g. Clinical Opiate Withdrawal Scale (COWS)

6.3 Appropriate use of Controlled Prescription Pad program

- [College of Pharmacists of BC—CDS schedule](#)
- [Controlled Drug and Substances Act](#)

## 7. SAFETY

Entry Level [Competencies](#)

7.1 Consistently demonstrates safe and appropriate care

7.2 Provides evidence informed practice

- Evidence informed/in accordance with appropriate practice/screening guidelines  
[www.bcguidelines.ca/gpac/](http://www.bcguidelines.ca/gpac/)
- BCCSU Guidelines

7.3 Documentation is organized and systematic

7.4 Documentation meets legal and professional standards

- Meets legislative requirements
- [BCCNM Bylaws Part 8](#)
- [Documentation Practice Standard](#)

7.5 If supervising students, documentation includes the NP preceptor signing all prescriptions and diagnostic tests.

7.6 If supervising students, documentation includes NP preceptor and student NP consultation.

[NP Scope of Practice](#) Standards, Limits and Conditions: Section A: Regulatory Supervision of NP Restricted Activities, [Click here for Scope](#)

## Appendix 1. Quality Assurance: NP Peer Review for Nurse Practitioners

### CHART REVIEW WORKSHEET

This worksheet and the accompanying guidelines contain the items of assessment used for the documentation review portion of the NP peer review. The indicators are based on the [Entry Level Competencies for Nurse Practitioners in Canada](#), the [Scope of Practice for Nurse Practitioners](#) and other applicable BCCNM Standards of Practice ([Scope of Practice for NPs](#), [Professional Standards](#) and [Practice Standards](#)).

Use this worksheet and the accompanying guidelines to determine if the items of assessment are present in client documentation and comment on strengths, gaps and any strategies that can be used to improve this aspect of documentation and / or client care. This worksheet may be used to complete the annual quality assurance - critical chart review required of nurse practitioners.

**NB: Please do not record any patient identifiers on this worksheet**

Visit Date: \_\_\_\_\_

Presenting Concern / Reason for Visit

--

BCCNM Chart Review Worksheet for Nurse Practitioners		
<b>I</b>	<b>Documentation of Client Status</b>	
<b>1</b>	<b>Subjective Findings</b>	<b>Comments</b>
1.1	Reason for visit clearly documented	
1.2	Pertinent positive and negative history documented	
<b>2</b>	<b>Objective Findings</b>	<b>Comments</b>
2.1	Congruent with history	
2.2	Pertinent positive and negative findings documented	
2.3	Uses appropriate screening tools	
2.4	Advanced procedures documented appropriately; consent documented	
<b>II</b>	<b>Diagnosis (es) / Differential Diagnosis</b>	
<b>3</b>	<b>Diagnosis / Differential Diagnosis</b>	<b>Comments</b>
3.1	Evidence of synthesis of pertinent positive and negative information to formulate differential diagnosis; rules in/out differential; confirms most likely	
<b>4</b>	<b>Plan of Care</b>	<b>Comments</b>
4.1	Identifies priorities for management	
4.2	Appropriate diagnostic investigations (ordered or performed)	



BCCNM Chart Review Worksheet for Nurse Practitioners		
4.3	Education/Health Promotion	
4.4	Follow up plan	
4.5	Collaboration, consultation and referral as necessary	
<b>5</b>	<b>Pharmacotherapy</b>	<b>Comments</b>
5.1	Prescriptions thorough, clear and appropriate	
5.2	Drug allergies or No known allergies noted, prominently highlighted and visible	
<b>III</b>	<b>Prescribing / Safety</b>	
<b>6</b>	<b>Controlled Drug and Substance Prescribing &amp; Opioid Agonist Therapy</b>	<b>Comments</b>
6.1	Documented use of PharmaNet for prescription review	
6.2	Documented safety plan when initiating, monitoring and titrating	
6.3	Appropriate use of Controlled Prescription Pad program	

BCCNM Chart Review Worksheet for Nurse Practitioners		
7	Safety	Comments
7.1	Consistently demonstrates safe and appropriate care	
7.2	Provides evidence informed practice	
7.3	Documentation is organized and systematic	
7.4	Documentation meets legal and professional standards	
7.5	If supervising students, documentation includes the NP preceptor signing all prescriptions and diagnostic tests.	
7.6	If supervising students, documentation includes NP preceptor and student NP consultation.	

Overall Comments

Copyright © British Columbia College of Nurses and Midwives/March 2021

900 – 200 Granville St  
Vancouver, BC V6C 1S4  
Canada

[www.bccnm.ca](http://www.bccnm.ca)

Pub. No. 801