

ICU-HDU Moving and Handling Audit Tool

For ICU/HDU Use Only

Date Audited: _____ Auditors Name: _____ Date Completed: _____

Sample FIVE patients

No	Criteria	Pt 1 Yes/No	Pt 1 Yes/No	Pt 1 Yes/No	Pt 1 Yes/No	Pt 1 Yes/No	Comments
1	Moving and Handling assessment completed and correct on Flow chart.						
2	A minimum of 2 Slide sheets present and visible at bedside (completely dependent patient requires a minimum of 3)						
3	Correct and safe patient positioning practice observed by the auditor. E.g. Equipment selection and use, technique						

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Authorised by	Nurse Unit Manager ICU/HDU	Review Period	36mths	Page	Page 1 of 4

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No	Criteria	Pt 1 Yes/No	Pt 1 Yes/No	Pt 1 Yes/No	Pt 1 Yes/No	Pt 1 Yes/No	Comments
4	Staff able to state how to remove/ reject slide sheet from circulation.						
5	Moving & Handling equipment has valid performance verification stickers. E.g. hoist & slings						
6	Staff able to state location of equipment including: <ul style="list-style-type: none"> • Pat slide • Hoist/Sling • Hovermat/Jack & Air supply • Sling stock • Slide sheets. 						

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Analysis summary:

Formula for Compliance %

A) Number of criteria achieved (YES) =

B) Total Number of criteria (excl. those not applicable) =

Compliance $A / B \times 100 =$

Comments:

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Recommendations / Action Plan

Corrective – Action Plan	Who	When	Complete

Sign off by Quality CNS or NUM re agreed actions: _____ Date: _____

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