RRCSU
RURAL AND REMOTE CLINICAL SUPPORT UNIT

Nurse Practitioner Case Review Tool

It is a requirement that all nurses who hold an endorsed credential completes an annual case review of eight (8) clients.

The case review acts not only as an audit to ensure appropriateness of treatment, but also a peer review tool. Cases should be taken from a range of dates within at least a one-month period. It is the responsibility of the reviewer to assess the clinician practice against the provided elements. It is envisioned that the review is conducted with the practitioner.

Hospital and Health Service where SoCP is requested				
Torres and Cape	South West	North West	Central West	Flying Specialist Service

Clinicians Personal Details	
Last Name:	
First Name/s:	

Peer or Sponsor completing review	
Name:	
Position:	
Contact Details:	
Reporting relationship to practitioner:	

Date Collection Information
Date collection period: From ________________ To ________________
Occasions of service in the last 30-day period:

Case Review
Diagnosis (enter the patient's principle diagnosis)

Advanced Physical Health Assessment	
Attended appropriately	Not attended appropriately

Queensland Government

Diagnostic Investigations (tick all boxes that apply)

Pathology		Radiology	
Tick all that apply	**Number of times test ordered**	**Tick all that apply**	**Number of times test ordered**
Histology		Plain Film	
Biochemistry		Ultrasound	
Haematology		Other	
Cytology		Do you as the reviewer believe these to be correct / sufficient / appropriate? Yes No Specify below	
Microbiology			
Serology			
Other			

Medications prescribed by Clinician

Generic Drug Name	Dosage	Route	Guideline/Reference

Therapeutic Interventions

Type of intervention performed	Example of documented intervention
Procedural	
Monitoring	
Counselling	
Medication	
Education & Information	
Hospital admission for acute care	
Social assistance	
Follow up care	
Other (specify)	

Do you as the reviewer believe these to be correct / sufficient / appropriate? Yes No Specify below

Referrals	
Referrals made by credentialed practitioner	**Referrals received by credentialed practitioner**
GP/MO	GP/MO
Nurse Practitioner	Nurse Practitioner
Endorsed Midwife	Endorsed Midwife
Nursing team	Nursing team
Medical Specialist	Medical Specialist
Allied Health Professional	Allied Health Professional
Community Health/Nursing services	Community Health/Nursing services
Other Health professional (specify)	Other health professional (specify)
Other agency (specify)	Other agency (specify)

Do you as the reviewer believe these to be correct/sufficient/appropriate? Yes No Specify below

Follow up

Do you as the reviewer believe these to be correct/sufficient/appropriate? Yes No Specify below

Documentation

Has the clinician documented care appropriately, within currently documentation standards? Yes No Specify below

Care standards

Do you as the reviewer believe that the clinician provided care as per Hospital and Health Service approved clinical guideline or best practice standards? Yes No Specify below

Additional comments

Verification	
Case Review signature	Clinicians signature
Date:	Date: