

Risk Control Self-assessment Checklist for Nurses

Nurses Service Organization and our insurance carrier partner CNA are dedicated to educating nurses about risk. This self-assessment checklist was designed to help enhance patient safety and minimize your liability exposure. Use it to review your customs and practice to determine whether you are in compliance with the recommended standards of care.

Scope of Practice	Yes	No	Actions needed to reduce risks
I read my nurse practice act at least annually to ensure that I understand the legal scope of practice in my state.			
If a job description, contract, or set of policies and procedures appears to violate my state's laws and regulations, I bring this discrepancy to the organization's attention and refuse to practice in violation of these laws and regulations.			
I decline to perform a requested service that is outside my legal scope of practice and immediately notify my supervisor or the director of nursing.			
I contact the risk management or legal department regarding patient and practice issues, if necessary.			
If necessary, I contact the board of nursing and request an opinion or position statement on nursing practice issues.			
If necessary, I use the chain of command or the legal department regarding patient care or practice issues.			

Patient Safety: Falls	Yes	No	Actions needed to reduce risks
<p>I evaluate every patient for risk of falling, utilizing a fall-assessment tool that considers the following factors, among others:</p> <ul style="list-style-type: none"> - Previous fall history and associated injuries. - Gait and balance disturbances. - Foot and leg problems. - Reduced vision. - Medical conditions and disabilities. - Cognitive impairment. - Bowel and bladder dysfunction. - Special toileting requirements. - Use of both prescription and over-the-counter medications. - Need for mechanical and/or human assistance. - Environmental hazards. 			
I identify higher-risk patients, including those who experience recurrent falls or have multiple risk factors.			
For home health/hospice patients, I conduct a home safety check prior to commencement of services.			
If I detect safety problems in the home, I recommend that corrective actions be taken as part of the patient service agreement.			
I regularly assess patients and modify the health record in response to changes in their condition.			
I inform patients and families of salient risk factors, as well as basic safety strategies.			
I document all assessment findings and incorporate them into the patient service plan.			



Patient Safety: Falls (continued)	Yes	No	Actions needed to reduce risks
I document the patient's condition at each visit, and also: <ul style="list-style-type: none"> ▪ Report any changes to the supervisor and family in a clear and timely manner. ▪ Perform frequent home safety checks, as appropriate. ▪ Reinforce fall-reduction tactics with patients and family. ▪ Encourage patients to ask for assistance with risky tasks. ▪ Keep accurate, detailed records of patient encounters. 			
After a fall, I offer emotional support to the patient and the caregiver			
I review patient falls for quality assurance purposes, including analysis of root causes and tracking of trend.			
I perform post-fall analysis, describing the circumstances of the fall and also: <ul style="list-style-type: none"> ▪ Identifying major causal factors, both personal and environmental. ▪ Indicating the patient's functional status before and after the fall. ▪ Noting medical comorbidities. ▪ Listing witnesses to the fall. ▪ Intervening to prevent or mitigate future falls. 			
I conduct a thorough post-fall analysis and incorporate findings into quality assurance and/or incident reporting programs.			

Patient Safety: Medication	Yes	No	Actions needed to reduce risks
I complete a patient drug history, including current prescription medications; over-the-counter drugs and supplements; alternative therapies; and alcohol, tobacco and illicit drug use.			
I utilize electronic or hard-copy medication profiles when readily available at the point of care.			
I review allergy notations on medication profiles prior to administering any medications.			
I record patient's weight and height measurements in metric units to avoid possible confusion.			
I review laboratory values and diagnostic reports prior to administering medications, and make practitioners aware of any abnormalities.			
I utilize machine-readable coding to check patient identity and drug data prior to administration of drugs or, if this is not possible, I verify patient identity using two patient identifiers (such as patient ID number and birthdate) from the original prescription.			
I document simultaneously with medication administration to prevent critical gaps or oversights.			
I utilize only medication containers prepared in advance, ensuring that intravenous and oral syringes, vials, bowls and basins are appropriately labeled with the name of the patient and the drug's name, strength and dosage.			
I store unit doses of medications in packaged form up to the point of handoff/administration, in order to facilitate a final check of the medication administration record.			
I accept verbal drug orders from practitioners only during emergencies or sterile procedures, and before transcribing the order, I read it back to the prescriber and document the read-back for verification.			

Patient Safety: Medication (continued)	Yes	No	Actions needed to reduce risks
I communicate potential drug side effects at points of transition and document them on accompanying patient care plans and/or handoff reports.			
I include patients in the handoff dialogue, when possible, in order to prevent errors, reinforce their awareness of the medication regimen and strengthen post-discharge compliance.			
I follow procedures to prevent wrong dosages or concentrations of identified high-alert drugs (e.g., anti-coagulants, muscle relaxants, insulin, potassium chloride, opioids, adrenergic agents, dextrose solutions and chemotherapeutic agents).			
I ensure that high-alert medications are always accompanied by standardized orders and/or computerized safe-dosing guidelines, and are verified by two persons before administration.			
I ensure that pediatric medications are accompanied by standardized orders and/or computerized dosing guidelines.			
I follow my employer's guidelines for both adult and pediatric patients' dosages, formulations and concentrations of drugs.			
I seek out education about minimizing the risks associated with look-alike and sound-alike products, and I document my training.			
I follow my employer's policies and procedures to keep drugs with look-alike and sound-alike names separate.			
I receive notification when medication stock is relocated or storage areas are reorganized, in order to reduce the likelihood of confusion or error.			
I have pharmacists available on-site or by telephone to consult regarding prescribed medications.			

This checklist is also available at www.nso.com/nurseclaimreport2015



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