

Neonatal gentamicin care bundle compliance chart

- Complete a SEPARATE form for each dose of gentamicin administered
- Circle the appropriate answer

Patient ID: _____

Date: _____

Time drug administered: _____

Care bundle elements:

- | | |
|---|--------------|
| 1. Use of the 24-hour clock format and blocking out of unused time slots when prescribing | Y / N |
| 2. No interruptions during preparation and administration of gentamicin | Y / N |
| 3. Use of the double-checking prompt | Y / N |
| 4. Gentamicin dose given within 1 hour of prescribed dose time | Y / N |
| <hr/> | |
| Compliant with all four elements of the care bundle | Y / N |

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If gentamicin was not administered within one hour of the prescribed dose time then please indicate any relevant reasons:

(The information given below can be audited by the data review team to assist in understanding process issues relating to non-compliance with element four of the care bundle.)

No addressograph	<input type="checkbox"/>	Level not taken	<input type="checkbox"/>
Not prescribed but due	<input type="checkbox"/>	Level result not available	<input type="checkbox"/>
Prescription not signed	<input type="checkbox"/>	Abnormal level result	<input type="checkbox"/>
Incorrect drug	<input type="checkbox"/>	No weight	<input type="checkbox"/>
Incorrect date	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Incorrect time	<input type="checkbox"/>	_____	
Incorrect frequency	<input type="checkbox"/>	_____	
Incorrect route	<input type="checkbox"/>	_____	