

Date: _____

Unit: _____

Email results to: lauren.k.white@vumc.org or Fax #: 615-343-3398

Turn Audit Tool – Draft v2

MRN / Patient Sticker	Room #	Time	Braden Score	Position (Circle one)	Changed from Previous? (Circle one)	If patient not repositioned, why?	
				R L B C A OU			
				R L B C A OU	Y / N	<input type="checkbox"/> Help <input type="checkbox"/> Equipment (TAPs, etc.)	<input type="checkbox"/> Procedure <input type="checkbox"/> Other:
				R L B C A OU	Y / N	<input type="checkbox"/> Help <input type="checkbox"/> Equipment (TAPs, etc.)	<input type="checkbox"/> Procedure <input type="checkbox"/> Other:
				R L B C A OU			
				R L B C A OU	Y / N	<input type="checkbox"/> Help <input type="checkbox"/> Equipment (TAPs, etc.)	<input type="checkbox"/> Procedure <input type="checkbox"/> Other:
				R L B C A OU	Y / N	<input type="checkbox"/> Help <input type="checkbox"/> Equipment (TAPs, etc.)	<input type="checkbox"/> Procedure <input type="checkbox"/> Other:
				R L B C A OU			
				R L B C A OU	Y / N	<input type="checkbox"/> Help <input type="checkbox"/> Equipment (TAPs, etc.)	<input type="checkbox"/> Procedure <input type="checkbox"/> Other:
				R L B C A OU	Y / N	<input type="checkbox"/> Help <input type="checkbox"/> Equipment (TAPs, etc.)	<input type="checkbox"/> Procedure <input type="checkbox"/> Other:
				R L B C A OU			
				R L B C A OU	Y / N	<input type="checkbox"/> Help <input type="checkbox"/> Equipment (TAPs, etc.)	<input type="checkbox"/> Procedure <input type="checkbox"/> Other:
				R L B C A OU	Y / N	<input type="checkbox"/> Help <input type="checkbox"/> Equipment (TAPs, etc.)	<input type="checkbox"/> Procedure <input type="checkbox"/> Other:
				R L B C A OU			
				R L B C A OU	Y / N	<input type="checkbox"/> Help <input type="checkbox"/> Equipment (TAPs, etc.)	<input type="checkbox"/> Procedure <input type="checkbox"/> Other:
				R L B C A OU	Y / N	<input type="checkbox"/> Help <input type="checkbox"/> Equipment (TAPs, etc.)	<input type="checkbox"/> Procedure <input type="checkbox"/> Other:

Key: R – right, L – left, B – back, C – chair, A – ambulating, OU – off unit

Turn Audit Tool Instructions

Minimum # of audits is 10 patients per week, with a sampling of both day and night shift. Audits can be completed on a single day or can be spread throughout the week.

Choose patients with a Braden of 18 or less (at risk) or the patients with lowest Braden scores on your unit.

The turn audit involves assessment of the patient's position 2-3 times: a baseline audit and 1-2 re-assessments (i.e. "turn opportunities") every 2-3 hours.

1. Use a patient sticker or annotate patient MRN on the tool along with the room number, time of the audit, and Braden score.
2. Complete "baseline" audit by assessing the position of the patient and indicating their position on the tool using the key (R – right, L – left, B – back, C – chair, A – ambulating, OU – off unit).
3. Re-assess patient position in 2-3 hours and circle their position on the tool. Indicate if the patient's position changed from the prior assessment (Y/N) and why the patient was not repositioned, if applicable.
4. Re-assess again in 2-3 more hours if possible.

E-mail or fax the completed audit tool to Lauren White at lauren.k.white@vumc.org or # 615-343-3398 by Friday at 5pm.

- Each unit's weekly audit results will be compiled and shared with nursing leadership every Monday.