

## Assessing Completeness of Emergency Notes Documentation: An Audit and Re-audit to Enhance Quality of Patient Care

**Documentation Matters!**

Please ensure that you have documented:

- **THE DATE AND TIME**
- **YOUR FULL NAME**
- **YOUR PMDC REGISTRATION NUMBER**
- **YOUR SIGNATURE**
- **YOUR STAMP**

**SAMPLE**

- Signs and sym-
- Allergies
- Medications
- Past history
- Last meal/mens-
- Events

**THANK YOU!**

**Annexure A:** Poster serving as a documentation checklist reminder