

Grid to evaluate the quality of clinical medical records

RECORD CARD N:.....	HOSPITAL DISCHARGE DATA :/201..	DETECTOR SIGNATURE
Medical [] Surgical [] Other []		
WARD		

L.W. Legal weight (Score from 5 to 1) taking into consideration the percentages of recurrence of each criteria in judgments (Appeal to the Supreme Court).
 5> 40%
 4= 30-40%
 3= 20-30%
 2= 10-20%
 1= at least once per year

FIRST SECTION (ADMINISTRATIVE DATA AND THE CLINICAL INFORMATION)

QUESTION N.	YES [The Guide to evaluate if criteria are satisfied]	NO	PARTIAL EVALUATION*	NOT APPLICABLE
1 Is the hospital discharge data (HDD) present in the record? L.W. 1	YES <input type="checkbox"/> [YES= the HDD must be present in the clinical file]	NO <input type="checkbox"/>	//	//
1 a Has the HDD been signed by the responsible doctor? L.W. 1	YES <input type="checkbox"/> [YES= when the signature or initials are present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [if the answer to question 1 is NO]
2 Is present the privacy form (signed and dated always). L.W. 1	YES <input type="checkbox"/> [YES= when the privacy form is present completed of date and signature]	NO <input type="checkbox"/>	//	
3 Is the personal data of the patient complete? L.W. 1	YES <input type="checkbox"/> [YES= if the name, surname, date of birth and telephone number are present]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/>	//
4 Does the patient enter into a "fragile" category? L.W. 4	YES <input type="checkbox"/> [YES= when the patient belongs to one of the following categories: homeless, non-European, drug dependent, psychiatric, old aged or infant, handicapped, regressive cerebral processes, immune deficient]	NO <input type="checkbox"/>	//	//
5 Is the patient's occupation recorded? L.W. 1	YES <input type="checkbox"/> [YES= when it is clearly recorded in the file]	NO <input type="checkbox"/>	//	//
6 Is the file organized chronologically? (always) L.W. 3	YES <input type="checkbox"/> [YES= the data is organized in chronological order]	NO <input type="checkbox"/>	//	//
7 Is the diagnosis upon reception into hospital recorded? (always) L.W. 3	YES <input type="checkbox"/> [YES= the diagnosis upon reception must be present (YES it is present on the first aid record or on the ward record)]	NO <input type="checkbox"/>	//	//
8 Was the evaluation of the patient carried out within 24 hours of their admission? (always) L.W. 5	YES <input type="checkbox"/> [YES= the doctor's evaluation must be recorded in the daily diary within 24 hours of the patient's admission]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [Patient is discharged or self-discharged before the initial evaluation] due to
9 Does the initial evaluation include the following aspects? (history, objective tests, prescription of therapy, the request for diagnostic test). L.W. 5	YES <input type="checkbox"/> [YES= if all the variables contained between the brackets are present in the file]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/>	//

10	The fall risk: was the patient evacuated according to the Conley Scale within 72 hours of admission (when applicable**) L.W. 3	YES <input type="checkbox"/> [YES = if it is present in the file]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/>	//
11	Is the diet the patient has to follow present? L.W. 3	YES <input type="checkbox"/> [YES= if the diet is written in the file]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> If the diet is not recorded for every day.	//
12	Are the details about the patient's lifestyle (smoking, alcohol, education, etc.)? L.W. 2	YES <input type="checkbox"/> [YES= When the file contains clear references to the consumption of alcohol, cigarettes, drugs]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/>	//
13	Does the file contain information about allergies? L.W. 5	YES <input type="checkbox"/> [YES= When the file contains clear references to any allergies to pharmaceuticals]	NO <input type="checkbox"/>	//	//
14	Is the history present? (always) (do not evaluate first aid record) L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> due to
14a	Is the history written in legible handwriting? (always) L.W. 3	YES <input type="checkbox"/> [YES= when it is readable]	NO <input type="checkbox"/>	//	NOT APPLICABLE [if the answer to item 14 is NO] <input type="checkbox"/>
15	Is the physical examination present ? L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> due to
15a	Does the physical examination include an evaluation of the state of consciousness, the functioning of the respiratory & cardiovascular systems and the location of any identified problems? (do not evaluate first aid record) L.W. 4	YES <input type="checkbox"/> [YES= when the four variables are satisfactory]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [Evaluated with the exception of]]	NOT APPLICABLE [if the answer to item 15 is NO] <input type="checkbox"/>
15b	Is the physical examination conducted on admission signed/initialed? (always) L.W. 2	YES <input type="checkbox"/> [YES= when the signature/initials are found on the ward record]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [when present only on the first aid record]	NOT APPLICABLE [if the answer to item 15 is NO] <input type="checkbox"/>
15c	Is the physical examination conducted on admission dated? (always) L.W. 3	YES <input type="checkbox"/> [YES= when the date is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE [if the answer to item 15 is NO] <input type="checkbox"/>
15d	Is the physical examination legible? (always) L.W. 3	YES <input type="checkbox"/> [YES= when the handwriting of at least one of the contributors is legible]	NO <input type="checkbox"/>	//	NOT APPLICABLE [if the answer to item 15 is NO] <input type="checkbox"/>
16	All the vital signs are measured? L.W. 4	YES <input type="checkbox"/> [YES = when the pulse rate, respiratory rate, blood pressure, and body heat are measured]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [Evaluated with the exception of]]	//
16a	All the vital signs are measured daily? L.W. 4	YES <input type="checkbox"/> [YES= when the measurements are taken daily]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [Not taken daily]	//
17	Is pain intensity assessed in the file? (only if the evaluation of pain scale is present) L.W. 4	YES <input type="checkbox"/> [YES= if the pain scale is recorded in the file]	NO <input type="checkbox"/>	//	//
17a	Is pain intensity assessed on a daily basis? L.W. 3	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/>	NOT APPLICABLE [if the answer to item 17 is NO] <input type="checkbox"/>
18	Is there an evaluation of the water balance? (at least one day) L.W. 4	YES <input type="checkbox"/> [YES= when at least one day is present]	NO <input type="checkbox"/>	//	//

SECOND SECTION (HOSPITALIZATION)

19	Is the daily diary present? (always) L.W. 4	YES <input type="checkbox"/> [YES= if the diary is present in the file]	NO <input type="checkbox"/>	//	//
19a	Is the daily diary present and annotated for each day in hospital? (always) L.W. 4	YES <input type="checkbox"/> [YES= when for each day at least an annotation is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE [if the answer to item 19 is NO] <input type="checkbox"/>
19b	Are the annotations in the daily diary signed/initialed? (always) L.W. 3	YES <input type="checkbox"/> [YES= when signature or initials are found]	NO <input type="checkbox"/>	//	NOT APPLICABLE [if the answer to item 19 is NO] <input type="checkbox"/>
20	Is the nursing card present in the clinical file? L.W. 4	YES <input type="checkbox"/> [YES= if it is present inside the file]	NO <input type="checkbox"/>	//	//
20a	If the nursing card is present, is it annotated for each day in hospital? L.W. 4	YES <input type="checkbox"/>	NO <input type="checkbox"/>	//	NOT APPLICABLE [if the answer to item 20 is NO] <input type="checkbox"/>
20b	If YES are the annotations on the nursing card signed/initialed? (in the wards where they are adopted) L.W. 3	YES <input type="checkbox"/>	NO <input type="checkbox"/>	//	NOT APPLICABLE [if the answer to item 20 is NO] <input type="checkbox"/>
21	Is the order sets paper (for medication therapy management) present? L.W. 4	YES <input type="checkbox"/> [YES= if present inside the file]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [If the therapy record present does not conform to hospital procedures]	//
21a	Is the order sets paper legible? L.W. 4	YES <input type="checkbox"/> [YES= when it is readable]	NO <input type="checkbox"/>	//	NOT APPLICABLE [if the answer to item 21 is NO] <input type="checkbox"/>
21b	The prescription or suspension of pharmaceuticals are signed or initialed by a doctor? L.W. 3	YES <input type="checkbox"/> [YES= when a signature or initial is found on the prescription and suspension]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [if a signature or initial is found on the prescription or suspension]	NOT APPLICABLE [if the answer to item 21 is NO] <input type="checkbox"/>
21c	Are the date and time of the prescription recorded? (in the wards where they are adopted) L.W. 3	YES <input type="checkbox"/> [YES= when the date and time of the prescription are found]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [If only the date or time of the prescription are present]	NOT APPLICABLE [if the answer to item 21 is NO] <input type="checkbox"/>
21d	Are the date and time of the administration recorded? L.W. 4	YES <input type="checkbox"/> [YES= when the date and time of the administration are found]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [If only the date or time of the administration are present]	NOT APPLICABLE [if the answer to item 21 is NO] <input type="checkbox"/>
21e	Has the nurse signed or initialed the no administration explaining the reason with an appropriate key e.g. V=vomit, A=absent, etc (in the wards where they are adopted) L.W. 3	YES <input type="checkbox"/> [YES= when the no administration is explained by a KEY and is signed or initialed]	NO <input type="checkbox"/>	//	NOT APPLICABLE [if the answer to item 21 is NO] <input type="checkbox"/>
21f	Has the nurse signed or initialed to confirm the administration? (in the wards where they are adopted) L.W. 3	YES <input type="checkbox"/> [YES= when the administration is explained by a KEY and is signed or initialed]	NO <input type="checkbox"/>	//	NOT APPLICABLE [if the answer to item 21 is NO] <input type="checkbox"/>
21g	Are the allergies reported on medication therapy management? L.W. 5	YES <input type="checkbox"/>	NO <input type="checkbox"/>	//	NOT APPLICABLE [if the answer to item 21 is NO] <input type="checkbox"/>
22	Is the patient's informed consent specific for a transfusion present? (at least a copy) L.W. 4	YES <input type="checkbox"/> [YES= when it is present and signed by both patient and doctor]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [when missing the signature of the doctor or patient]	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger or a transfusion was not administered]

22a	If the patient received a transfusion, is the card for the transfusion received present? L.W. 5	YES <input type="checkbox"/> [YES = when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [if a transfusion was not administered]
22b	Are the labels from the transfusion bags present in the clinical diary? L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [if a transfusion was not administered]
23	Did the patient undergo a surgical procedure? L.W.4	YES <input type="checkbox"/> [YES= when the patient underwent a surgical procedure]	NO <input type="checkbox"/>	//	//
24	Is the informed consent of the patient for the surgical procedure present? L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or the answer to item 23 is NO]
24a	Is the signature of the patient present on the informed consent form? (if a surgical procedure was undertaken) L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or the answer to item 23 is NO]
24b	Is the signature of the surgeon present on the informed consent form? (if a surgical procedure was undertaken) L.W. 4	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or the answer to item 23 is NO]
24c	On the informed consent, form for the surgical procedure was the type of procedure undertaken clearly stated. (if a surgical procedure was undertaken) L.W. 5	YES <input type="checkbox"/> [YES= when the type of procedure is described]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or the answer to item 23 is NO]
24d	On the informed consent, form for the surgical procedure was the date of the procedure stated? (if a surgical procedure was undertaken) L.W. 4	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or the answer to item 23 is NO]
25	Is an informed consent form for anesthetic present? (if a surgical procedure was undertaken) L.W. 4	YES <input type="checkbox"/> [YES= when a single form with both the surgeon's and anesthetist's signatures is present]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [when the form is signed by only the surgeon or by the anesthetist]	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or in case of a local anesthetic which does not require informed consent]
25a	Is the signature of the patient present on the informed consent form for anesthetic? (if a surgical procedure was undertaken) L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 25 is NO or is NOT APPLICABLE]
25b	Is the signature of the anesthetist present on the informed consent form for anesthetic? (if a surgical procedure was undertaken) L.W.4	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 25 is NO or is NOT APPLICABLE]
25c	On the informed consent, form for the anesthetic is the type of anesthetic clearly stated? (if a surgical procedure was undertaken) L.W. 5	YES <input type="checkbox"/> [YES= when the type of procedure is described]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 25 is NO or is NOT APPLICABLE]
25d	On the informed consent, form for the anesthetic is the date of the anesthesia clearly stated. (if a surgical procedure was undertaken) L.W. 4	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 25 is NO or is NOT APPLICABLE]

26	Did the patient undergo an invasive procedure? L.W. 4	YES <input type="checkbox"/> [YES= when the patient underwent an invasive procedure]	NO <input type="checkbox"/>	//	//
27	Is the informed consent of the patient for the invasive procedure present? L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or the answer to item 26 is NO]
27a	Is the signature of the patient present on the informed consent form for an invasive procedure? (if an invasive procedure was undertaken) L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 26 is NO or is NOT APPLICABLE]
27b	Is the signature of the doctor present on the informed consent form for an invasive procedure? (if an invasive procedure was undertaken) L.W. 4	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or the answer to item 26 is NO]
27c	On the informed consent, form for the invasive procedure was the type of procedure undertaken clearly stated? (if an invasive procedure was undertaken) L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 26 is NO or is NOT APPLICABLE]
27d	On the informed consent, form for the invasive procedure was the date of procedure clearly stated. (if an invasive procedure was undertaken) L.W. 4	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 26 is NO or is NOT APPLICABLE]
28	Is an informed consent form for anesthetic present? (if an invasive procedure was undertaken) L.W. 5	YES <input type="checkbox"/> [YES= when a single form with both the surgeon's and anesthesiologist's signatures is present]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [when the form is signed by only the surgeon or by the anesthesiologist]	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or if the answer to item 26 is NO]
28a	Is the signature of the patient present on the informed consent form for anesthetic? (if an invasive procedure was undertaken) L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or if the answer to item 28 is NO]
28b	Is the signature of the anesthesiologist present on the informed consent form for anesthetic? (if an invasive procedure was undertaken) L.W. 4	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or if the answer to item 28 is NO]
28c	On the informed consent, form for the anesthetic is the type of anesthetic clearly stated? (if an invasive procedure was undertaken) L.W. 5	YES <input type="checkbox"/> [YES= when the type of procedure is described]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or if the answer to item 28 is NO]
28d	On the informed consent, form for the anesthetic is the date of the anesthesia clearly stated? (if an invasive procedure was undertaken) L.W. 4	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying or if the answer to item 28 is NO]
29	Is a cardiology assessment present? L.W. 3	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient was in immediate danger of dying]
30	Is the anesthesia documentation or file present or attached? L.W. 5	YES <input type="checkbox"/> [There must be a generic or specific form present signed by the anesthesiologist]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [if no anesthetic was administered]

30a	In the anesthesia, documentation or file is the intra-operative monitoring included? (if an anesthetic was administered) L.W. 5	YES <input type="checkbox"/> [YES= when intra-operative monitoring is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 30 is NO]
31	In the operating report is the first surgeon identifiable? (the name must be legible?) L.W. 4	YES <input type="checkbox"/> [YES= when the signature of the first surgeon is legible]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [if no procedure was undertaken]
32	In the operating report is the date of the procedure clearly stated? L.W. 4	YES <input type="checkbox"/> [YES= when the date is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [if no procedure was undertaken]
33	In the operating report is the type of the procedure undertaken clearly stated? L.W. 5	YES <input type="checkbox"/> [YES= when the procedure undertaken is described]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [if no procedure was undertaken]
34	Is the anatomical pathology report present? (if a request for a surgical or biopsy procedure was made) L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the patient underwent a procedure or biopsy]
35	Is an operating theatre security checklist present? L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [if no procedure was undertaken]
35a	If YES, is the operating theatre security checklist signed or initialed by the surgeon? L.W. 4	YES <input type="checkbox"/> [YES= when the surgeon's signature or initials are present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [if no procedure was undertaken]
35b	If YES, is the operating theatre security checklist signed or initialed by the anesthetist? L.W. 4	YES <input type="checkbox"/> [YES= when the anesthetist's signature or initials are present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [if no procedure was undertaken]
35c	If YES, is the operating theatre security checklist signed or initialed by the nurse? L.W. 4	YES <input type="checkbox"/> [YES= when the nurse's signature or initials are present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [if no procedure was undertaken]
36	Was a thromboembolic prophylaxis performed on the patient who underwent the surgical procedure? L.W. 5	YES <input type="checkbox"/> [YES= if the file contains EBPM subcutaneous (e.g. clexane)]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> Due to
36a	If NO is a reason clearly stated on file? L.W. 5	YES <input type="checkbox"/>	NO <input type="checkbox"/>	//	//

THIRD SECTION (DISCHARGE LETTER)

37	Is the discharge summary present? (always) L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> Due to [e.g. patient refuses hospital admission]
37a	Is the discharge summary dated? (always) L.W. 4	YES <input type="checkbox"/> [YES = when the date is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 37 is NO]
37b	Is the reporting doctor identifiable (legible)? (always) L.W. 4	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 37 is NO]
37c	Is there a descriptive summary of the Medical history? (always) L.W. 3	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 37 is NO]
37d	On the discharge card is the reason for hospitalization clearly stated? L.W. 3	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 37 is NO]
37e	Does the discharge card include details of the physical examinations and the development of the clinical situation? L.W. 3	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [if the physical examination or the development of the clinical situation are present]	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 37 is NO]
37f	Does the discharge card include the diagnosis upon discharge and co-morbidity? L.W. 4	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> (if the discharge diagnosis or co-morbidity are present]	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 37 is NO]
37g	Does the discharge card include the diagnostic and therapeutic procedures followed? L.W. 4	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 37 is NO]
37h	Does the discharge card describe the patient's condition upon discharge? L.W. 4	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 37 is NO]
37i	Does the discharge card detail the pharmaceutical therapy to be taken at home? L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 37 is NO]
37l	Does the discharge card specify eventual follow-up? L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [If the answer to item 37 is NO]

FOURTH SECTION (MEDICAL ADVICES)

38	Does the clinical file include Consultant referrals and/or reports? L.W. 5	YES <input type="checkbox"/> [YES= when it is present]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [No medical advice is present]
38a	Are any consultant reports signed legibly and stamped with the Consultant's name? L.W. 4	YES <input type="checkbox"/> [YES= when the signatures are readable]	NO <input type="checkbox"/>	PARTIAL EVALUATION <input type="checkbox"/> [if only signature or stamp are present]	NOT APPLICABLE <input type="checkbox"/> [No medical advice is present]
38b	Are consultancy reports legible? L.W. 4	YES <input type="checkbox"/> [YES= when medical advice are readable]	NO <input type="checkbox"/>	//	NOT APPLICABLE <input type="checkbox"/> [No medical advice is present]

Legend: *Insert the missing variable; // = field is not provided; ** patient over 65 years old and/or when it is satisfied at least one of the three WHO parameters.