

**Pediatric Performance Improvement**

Date: \_\_\_\_\_

To: \_\_\_\_\_

Re: Patient Name: \_\_\_\_\_ MR# \_\_\_\_\_

Please review the attached medical record in regards to the following Quality Improvement indicators:

*--Pain assessment and Reassessment;*

*--Blood pressure on any child admitted or transferred to a higher level of care.*

*--Vital signs taken within 30 minutes of discharge or transfer with completed transfer forms*

*--Blood cultures drawn prior to administration of antibiotics.*

*--Other:*

After you have reviewed the record, please sign and return to my mailbox with any comments or questions.

**Response:**

**STAFF SIGNATURE** \_\_\_\_\_

Respectfully,  
Your Name Here, Ext 1234

This form is not a permanent part of the Medical Record and is meant to serve solely as an educational tool.