

<b>TOOL UTILIZATION AND DOCUMENTATION AUDIT FORM</b>			
<b>Name of Facility:</b>			
<b>Name of Auditor:</b>			
<b>Review Month:</b>			
<b>Date of Abstraction:</b>			
<b>TOOL UTILIZATION</b>	<b>IN USE (YES/NO)</b>	<b>AVAILABLE STOCK</b>	<b>COMMENTS</b>
<b>National delivery register</b>			
<b>DOCUMENTATION AUDIT</b>	<b>Enter yes if done, no if not done</b>	<b>How many clients were registered?</b>	<b>How many had this indicator documented?</b>
<b>Are the demographics filled completely for all clients?</b> Check the state, facility name, LGA, year, month, date of delivery, hospital reg no., ANC no.			
<b>Is time of HIV diagnosis filled for all clients?</b>			
<b>Is the field for ARV therapy filled appropriately for all clients?</b>			
<b>Is the mode of delivery filled appropriately for clients?</b>			
<b>Is the feeding choice filled for all clients?</b>			
<b>Are the outcomes of delivery documented for all clients?</b> Check the maternal outcome, child outcome, child given NVP, and child status			
<b>TOTAL</b>			