



*building bridges to
healthcare excellence*

Nurse Practitioners of Idaho

Peer Review Completion Tool

Instructions: This review tool is offered by NPI for use to document the peer review analysis of NP care provided to patients.

Name, certification specialty and address of APRN-NP being reviewed:

Name, certification specialty and address of provider (APRN, Physician, Physician-Assistant) providing review:

Total Number of records reviewed: _____



Peer Review Completion Tool, continued

1. Was there evidence to demonstrate appropriate analysis of the presenting complaint or reason for the patient/provider encounters? _____

2. Were individual physical/mental status examinations, patient history, laboratory and/or radiological investigations (if indicated) appropriate to support defining a diagnosis and treatment plan?

3. Was the diagnosis supported by the patient history/physical exam/MSE? _____
4. Was the treatment plan/intervention appropriate, timely and based on current practice standards?

5. Was follow-up appropriate? _____
6. Was appropriate referral and/or consultation obtained? _____
7. Were prescriptions given to the patient documented? _____
8. Were prescriptions give appropriate for the patient and the condition being treated? _____

Outcome statement:

_____ Based on the medical records reviewed, I assess that the care provided was appropriate and meets current national standards.

_____ Based on the medical records reviewed, I have the following comments/recommendations related to overall practice of this peer.

Signature

Date