

PVC Safety Cross



Month _____ Year _____

Site _____ Ward _____

1		2	
A		A	
B		B	
C		C	
3		4	
A		A	
B		B	
C		C	
5		6	
A		A	
B		B	
C		C	
7	A	8	A
B		B	
C		C	
9	A	10	A
B		B	
C		C	
11	A	12	A
B		B	
C		C	
13	A	14	A
B		B	
C		C	
15	A	16	A
B		B	
C		C	
17	A	18	A
B		B	
C		C	
19	A	20	A
B		B	
C		C	
21	A	22	A
B		B	
C		C	
23	A	24	A
B		B	
C		C	
25	A	26	A
B		B	
C		C	
27	A	28	A
B		B	
C		C	
29	A	30	A
B		B	
C		C	
31	A		
	B		
	C		

- Box A** Total number of Patients
- Box B** Total number of patients with a PVC
- Box C** Total number of patients with a PVC and up to date care plan (check 5)

Monthly Totals

Total no. of patients

Total no. of PVCs

Total no. of patients with a PVC and up to date care plan