

Name: _____

Title: _____ Unit: _____

Rounding Checklist – Six Key Behaviors

SKILLS LIST	Assessments		METHOD(S) OF COMPETENCY ASSESSMENT	INITIALS OF MANAGER OR DESIGNEE	
	DATE	LEGEND			
Introductions/Describes Rounding					
Knock on door prior to entering – ask permission; ask for preferred name		A = Demonstration B = Direct Work observation C = Power Point Review D = Other (i.e. Staff Meeting) E = Interview by Manager/ Designee F = Documentation Audit (i.e. tracer) G – Presentation H – Discussion & Handout			
Manage up your skill or that of your coworker					
Use good eye contact					
Explain the purpose of rounding (initial, new admit, transfers)					
Use key words: excellent, safe, comfort, team & privacy					
Describe rounding					
Perform Scheduled Tasks					
Provide needed medications (nurses)					
Check all infusions – rate & volume remaining					
Complete treatments, procedures, & nurse care					
Address 4P's: Pain, Potty, Position, Possessions					
Offer assistance using the toilet, commode or bedpan					
Evaluate the patient's level of pain; ask patient for pain goal					
Ask patient if they are comfortable; assist with position changes as needed					
Move items within reach (table, call light, phone, water, reading material, trash can).					
Ensure bed alarm and/or personal alarm is in place					
Assess patient's/family's understanding of rounding and perception of experience					
Assess Additional Comfort Needs/Environmental Assessment					
Fill water, check that personal items are near, change linen, etc...					
Remove any safety concerns and unused equipment, clear pathways. Is the room safe?					
Closing Key Words/Actions					
Manage up the physician and your TEAM					
Explain when you or others will return					
Respond to questions and ask "Is there anything else I can do for you, I have the time."					
Update White Boards/Document					
Write day/date, staff, anticipated D/C date/plan					
Use board for patient reminders (questions for providers, scheduled tasks, plan of care)					
Thank the patient for their time					

Employee Signature: _____ Manager &/or Designee Signature/Date: _____