

Patient Rounding

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Rounding	
4 P'S Addressed With Patient	<input type="radio"/> Yes <input type="radio"/> No Comment <input type="text"/> 4 P's are Pain, Positioning, Potty (offered toileting), and Placement (Call bell, phone, water pitcher, trash can within reach)
Patient Off Unit	
Patient Off Unit	<input type="radio"/> Cardiac Cath Lab <input type="radio"/> Endo <input type="radio"/> Radiation Oncology <input type="radio"/> Surgery <input type="radio"/> Cardiology <input type="radio"/> Interventional Radiology <input type="radio"/> Radiology <input type="radio"/> Therapy <input type="radio"/> Dialysis <input type="radio"/> Nuclear Medicine <input type="radio"/> Stress Test <input type="radio"/> Ultrasound <input type="radio"/> Other <input type="text"/>
Rounding Comment	
Rounding Comments	<input style="width: 100%; height: 40px;" type="text"/>

RN Print Name: _____
 RN Signature: _____
 Date/Time: _____

Patient Label
