

Patient Hourly Rounding Validation Tool

The Golden Thread

Unit: _____ Director: _____ Date: _____

Evaluator: _____ Patient: _____

***INTRODUCE YOURSELF !**



		Yes	No	Comments
W1	Introductions			
	Did the staff knock on the door prior to entering and ask permission to come in?			
Who?	Did the staff introduce themselves?			
	Safety			
W2	Did the staff ask you your name and did they check your ID band?			
	Informed			
	Did the staff explain the purpose of hourly rounding and when they will follow up with you?			
	Do you understand your plan of care?			
	Did the staff update the white board and explain it's purpose? (make sure it is updated)			
	Did your nurse answer all of your questions?			
	Did your nurse explain pain medications? Are you in pain? (if yes) Did your nurse explain what medications are available to you?			
Address the 4 Ps				
W3	Pain			
	Position (Has the staff offered to reposition you every hr.?)			
	Potty (Has the staff assisted you to the BR every hr.?)			
	Placement (observe for the following)			
	Bed in low position			
	Call bell within reach			
	overbed table with in reach			
	phone nearby			
	clean care surface			
	What else can I do for you			
Did the RN or PCT or staff follow through on pts requests				
Did the staff respond well to your needs?				

