

# Interdisciplinary Rounds

## Checklist Template



|                       |  |                             |  |
|-----------------------|--|-----------------------------|--|
| Facility/Organization |  | Date and Time               |  |
| Department            |  | Attending Physician/Surgeon |  |
| Patient Name and DOB  |  | Team Members Present        |  |

| Participants                                 | Rating   | Notes |
|--|--|-------|
| <b>Safety Measures:</b>                      | <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask for the patient’s consent to proceed with bedside rounding. If the patient refuses, perform rounds outside of the room, maintaining patient confidentiality.</li> <li><input type="checkbox"/> Verify the patient’s name and DOB, ensuring the proper health record has been accessed.</li> <li><input type="checkbox"/> Introduce all staff members present, including name, credentials, and purpose in rounds.</li> </ul> |       |
| <b>At Teaching Facilities: Resident Team</b> | <p>At teaching facilities, residents will initiate the primary rounding discussion.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Share patient’s pertinent background information, admission details, and current status in SBAR-style report.</li> <li><input type="checkbox"/> Review current care plan measures and update as needed.</li> <li><input type="checkbox"/> Provide treatment next steps.</li> </ul>   |       |

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|   |   |  |
|---|---|--|
|   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Explain adjustments to current orders.</li> <li><input type="checkbox"/> Voice any questions or concerns.</li> </ul>  |  |
| <b>Nursing</b>  | <p>The nursing team initiates the primary rounding discussion.*</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>(At a nonteaching facility):</b> Share patient’s pertinent background information, admission details, and current status in SBAR-style report.</li> <li><input type="checkbox"/> Update the team on the nursing care plan status and safety measures.</li> <li><input type="checkbox"/> Voice any nursing questions or concerns.</li> </ul> <p>*Unless an alternative representative has been selected by the rounding team.</p> |  |
| <b>Physician(s)</b>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm diagnosis or update the diagnosis (as appropriate).</li> <li><input type="checkbox"/> Review care plan measures and update as needed.</li> <li><input type="checkbox"/> Provide treatment next steps.</li> <li><input type="checkbox"/> Explain adjustments to current orders.</li> <li><input type="checkbox"/> Voice any questions or concerns.</li> </ul>  |  |
| <b>Respiratory, Physical, Occupational, and/or Speech Therapy</b> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Update the team on therapy progress.</li> <li><input type="checkbox"/> Review and adjust therapy goals.</li> <li><input type="checkbox"/> Address ongoing therapy considerations post-discharge.</li> <li><input type="checkbox"/> Voice any questions or concerns.</li> </ul>  |  |
| <b>Pharmacy</b>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Reconcile current medications.</li> <li><input type="checkbox"/> Adjust medication orders as</li> </ul>   |  |

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|                                      |   |  |
|--------------------------------------|---|--|
|                                      | <p>needed.</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Voice any questions or concerns.</li></ul>  |  |
| <b>Case Management</b>               | <ul style="list-style-type: none"><li><input type="checkbox"/> Explain the current discharge plan.</li><li><input type="checkbox"/> Identify any challenges to discharge or the working discharge plan.</li><li><input type="checkbox"/> Voice any questions or concerns.</li></ul>   |  |
| <b>Patient and/or Patient Family</b> | <ul style="list-style-type: none"><li><input type="checkbox"/> Ask for the patient's input on their current health status and care plan experience.</li><li><input type="checkbox"/> Encourage the vocalization of any additional questions or concerns.</li></ul>  |  |
| <b>Wrap-Up Measures</b>              | <p>The nursing team will wrap up rounding.*</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Confirm follow-up tasks and goals.</li><li><input type="checkbox"/> Ensure closed-loop communication has been employed to answer all questions and address noted concerns.</li><li><input type="checkbox"/> Document this instance of rounding within the EHR or appropriate records.</li></ul> <p>*Unless an alternative representative has been selected by the rounding team.</p> |  |