DAY X - INTENTIONAL ROUNDING DAILY CARE RECORD - DAY X

This record must be implemented every 2 hours for <u>ALL PATIENTS WITH A WATERLOW SCORE OF BELOW 10</u>

Mark each column with a **v** for yes and **x** for no or **NA** if not applicable

If a patient declines care for 2 consecutive rounds then report to the nurse in Charge

Between the hours of 24:00 & 06:00 if the patient is asleep the nurse in charge must instruct on care-plan implementation

Date.....

_	Hydration		Elimination		Environment				Movement				General well being	
	Drink offered	If NBM mouth care given	Toilet offered	Catheter bag – position checked	Call bell within reach		Equipment checked	Bedrails checked – bed at lowest level	Patient repositioned	Footwear checked	Walking aid available	Any pain? If yes inform staff nurse	Comment: such as patient sleeping or self caring, off the ward	Sign
24:00														
02:00														
04:00														
06:00														
08:00														
10:00														
12:00														
14:00														
16:00														
18:00														
20:00														
22:00														