

Your
Hospital's
Logo
Here

ACCOUNTABILITY ROUNDS

DAYS _____ MST EVE _____ MST NIGHT _____ MST

Q HOUR ROUNDS:	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	
1. Ask Patient if they need to use commode. Call light in reach.																									
2. Patient has fresh water.																									
3. Ambulate at least once on the shift (Day / Eve). If Patient is awake on night shift, ask Patient if he / she would like to ambulate.																									
4. Hazard free room. Room is tidy; floors are dry and obstacle-free.																									
Q SHIFT:	<i>DAY</i>											<i>EVENING</i>						<i>NIGHT</i>							
Overall Environment																									
1. Gloves Stocked																									
2. Window sills clean																									
3. Closet free of extra linen																									
Patient Supplies																									
1. Denture cup labeled (if applicable).																									
2. Pitchers, basin, bedpans, urinals, sani-pans, measuring devices all labeled.																									

[1] Use one form for each patient for each 24 hour period. **[2]** Night staff collects the completed form at the end of their shift. Day shift begins a new form at 0700. Place check mark in each box. If patient is not in the room, mark "O".

PART OF THE MEDICAL RECORD