

Purpose of this form: The healthcare team will meet daily at "rounds" to discuss the treatment plan. Patients and families can use this form to participate in rounds and to organize their observations, questions and goals.

EMPOWERED PATIENT®

PATIENT and FAMILY ROUNDING DAILY SUMMARY

Date: _____ Current Diagnosis or Problem: _____

Care Providers - add additional on back

Attending Physician or Doctor in charge _____ How to Contact _____

Charge Nurse _____ How to Contact _____

Bedside Nurse _____ How to Contact _____

Other _____ Title/Role _____ How to Contact _____

Expected Discharge Date _____ What needs to happen before discharge? _____

Patient's response to treatment in last 24 hours? Good Fair Poor No Response

Comments or concerns _____

YES NO

Vital signs have been checked and evaluated

Does patient still need IV lines or central line?

Is urinary catheter still needed?

Test results reviewed List new tests ordered: _____

Pain is under control, well managed, and assessed regularly

Patient is at risk for blood clots List treatment to prevent clots: _____

Patient's skin condition checked

Note redness, sores, breaks in skin & list location and size: _____

Patient is at risk for falling If yes, ways to prevent: _____

Patient is eating and drinking If no, list what needs to improve: _____

Patient is able to move, walk, and use bathroom If no, list help needed: _____

Patient is alert and aware (mental status is stable) If no, list help needed: _____

Patient is having problems with medications or treatment

List problems: _____

I understand the plan for the next 24 hours List goals of care: _____

Questions/ Concerns/Comments: _____

Patient and Family Needs: More information More time with providers Help making decisions
Help understanding the words being used Emotional Support Help with feeling ready to take patient home