DAILY ROUNDING TIPS

Always check: Nursing chart, Electronic records, Physician chart

Get into a routine of looking through the same things everyday!

Nursing chart

Vitals

- Pattern to hyper/hypotension?
- Oxygen requirement and trend

MAR

- **Antibiotics** which ones? Stop date?
- PRN pain meds how frequent?
- PRN **agitation** or **sleep aids**?
- Appropriate DVT ppx
- Dalteparin vs. heparin?
- Any reason to hold?

Fluid balance

- Net balance?
- **Urine output** adequate for kidney?
- Post-void residuals?

Weight

Stool chart

- Normal BM and frequency?
- If constipated, bowel regimen?
- If loose stools:
- Too much bowel regimen?
- Cdiff testing?

• Sleep and behavior chart

- Patterns of day night reversal?
- Sleep aids given at appropriate time?

Blood sugars

- How much **scheduled** insulin
- How much **sliding scale** use
- Trend in last 2-3 days?

Physician chart

- Previous notes from MRP
- Any notes from consultants
- Check orders from overnight for any changes made on call
- Allied health progress notes

Electronic medical record

Routine labs:

- CBC, lytes, urea, Cr,
- urinalysis, ext lytes, liver enzymes

Any special labs: e.g.

- peripheral smears, SPEP/UPEP
- rheumatologic, endo workup
- drug levels, path reports

Microbiology:

- cultures and sensitivities,
- C diff toxin, AFBs, NP swab
- viral serologies

• Imaging studies:

- X-rays, CTs, nuclear med studies
- echocardiograms

Documents:

- consultations
- allied health notes
- Holter, EEG, EMG studies

Seeing your patient

- Assess symptomatic improvement
- Perform relevant physical exam
- Always ask about:
 - Eating, drinking adequately?
 - Having **BMs**? **Urinary** issues?
 - Ambulation and activity level?
 - How close to baseline?
- Update patient on:
 - **Results** of investigations
 - Presumed causes of illness
 - Upcoming tests
 - New medications to be started
 - New consulting services involved
- Tip: ask the **most responsible nurse** what concerns they may have!

DAILY ROUNDING TIPS

Always check: Nursing chart, Electronic records, Physician chart

Get into a routine of looking through the same things everyday!

Specific entities

• <u>CHF</u>:

- Examine **volume status**, check **weight**, fluid **balance**, **creatinine**
- Reassess **diuretic dose**, is there room to optimize **cardiac meds**?
- Do you need an echocardiogram this admission?
- Is there heart function clinic follow up? Cardiologist involved?

• <u>COPD</u>:

- Check oxygen use, respiratory exam,
 PRN puffer use
- Appropriate duration of steroid and antibiotic treatment?
- Ready to step down to **MDI**? Ready for **home puffer** regimen?
- **Functional assessment**, e.g. walking oximetry prior to discharge
- Review **puffer technique**, COPD education, **vaccination**

AKI:

- Examine **volume status**, check **weight, urine output, creatinine**
- Have **pre-renal** and **post-renal** causes been addressed?
- Are there any **nephrotoxic** meds?
- Should any medications be **renally dosed** or switched to alternative

• Infections:

- Check microbiology, sensitivities, WBC count/CRP
- Examine **infection site** if possible, improving clinically? adequate **source control**?
- Antibiotics: appropriate **coverage**? **Duration**? **IV or PO**?

Specific entities

• <u>Delirium</u>

- Check patient orientation, attention, LOC, collateral hx
- Review **sleep** and **behavior** chart, **PRN meds** use, **stool** chart, **PVR**
- Have **DIMS-R** been fully addressed?
- Can sleep be optimized? **Sensory aids** present? **Anchors** removed?
- Bed next to window? **Sitter** possible?Family present?

Afib

- Is heart rate appropriate? Is there **room to optimize** meds?
- Should patient be **anticoagulated**?
- If so, which agent?

<u>Decompensated cirrhosis</u>

- Check for **ascites**, **SBP**, **encephalopathy**, **GIB**, **kidney** dysfunction
- Ascites: appropriate **diuretic** dosing? Need diagnostic or therapeutic **tap**?
- **Variceal** bleed: on **antibiotics**? Room to titrate **beta blocker**?
- Encephalopathy: adequate dose of **lactulose**?

<u>Diabetes</u>

- Check **BG and sliding scale** use over last 24-48hrs
- What's the pattern to highs/lows? Which meds can be optimized?
- Are meds **appropriate for kidney** function? E.g. metformin

• Alcohol withdrawal

- Check **CIWA** scores, **vitals**, patient orientation, **LOC**
- Ready for help with alcohol cessation? Is addictions involved?