NURSING WALKING ROUNDS AND REPORTING TOOL STANDARD, PURPOSE, GUIDELINES

Standard
At change of shift RN or designated shift supervisors perform Walking Rounds.

Purpose
Communicate resident/patient status, respond promptly to changes in condition, and support on-going monitoring of resident/patient conditions.

Guidelines

1. Ensure nursing reports and updates regarding changes in condition and resident status are provided to nursing staff at time of assignment, throughout the shift, and at the end of the shift.

2. Review shift reports and other pertinent clinical data to ensure timely management of acute needs.

3. Provide visible oversight of care

4. Inform staff that the supervisor is to be called regarding acute changes in condition and emerging situations that may warrant medical and/or physician intervention.

5. Check on the status of diabetic residents at the beginning of the shift with updates throughout the shift as indicated.

6. Reinforce the expectation that they (supervisor/designee) is to be updated on any other acute needs or change in condition throughout the shift

7. Reinforce those residents on risk precautions: Falls/Safety or with special needs
CHANGE IN CONDITION REPORTING TOOL

This reporting tool is a guide for comprehensive reporting and follow through by the clinical staff. This report will be shared with the next RN Supervisor and turned in daily with the 24 hour report as part of facility QAA.

<table>
<thead>
<tr>
<th>Acute changes in condition:</th>
<th>Residents / Room Numbers</th>
<th>MD Notified</th>
<th>Results</th>
</tr>
</thead>
</table>
| 1) Diabetic Management; hypo/per-glycemia | | | □ New order, change order  
 □ Monitor  
 □ Transfer Acute Care |
| 2) Weight loss/gain: unanticipated; new diet orders | | | □ New order, change order  
 □ Monitor  
 □ Transfer Acute Care |
| 3) Acute respiratory conditions: New orders, pulse ox, labs or X-rays | | | □ New order, change order  
 □ Monitor  
 □ Transfer Acute Care |
| 4) Bruises, skin tears, pressure ulcers, conditions that warrant further investigation | | | □ New order, change order  
 □ Monitor  
 □ Transfer Acute Care |
| 5) End Stage/Hospice, Advance Directives | | | □ New order, change order  
 □ Monitor  
 □ Transfer Acute Care |
| 6) Pain Management | | | □ New order, change order  
 □ Monitor  
 □ Transfer Acute Care |
| 7) Bowel and Bladder: UTI, new catheters, catheters d’ced, constipation, KUB/Bowel sounds, etc. | | | □ New order, change order  
 □ Monitor  
 □ Transfer Acute Care |
| 8) Infection Control issues: New condition, isolation, new orders | | | □ New order, change order  
 □ Monitor  
 □ Transfer Acute Care |
| 9) Post fall, incident: 72 hr | | | □ New order, change order  
 □ Monitor  
 □ Transfer Acute Care |
| 10) High Risk Report: Safety interventions in place: Alarms, appropriate level of assist with transfer, walkie talkies, etc | | | □ New order, change order  
 □ Monitor  
 □ Transfer Acute Care |
| 11) Behavioral issues | | | □ New order, change order  
 □ Monitor  
 □ Transfer Acute Care |
| 12) Tube feedings | | | □ New order, change order  
 □ Monitor  
 □ Transfer Acute Care |

Admissions, Discharges, Room Changes

□ New order, change order  
□ Monitor  
□ Transfer Acute Care
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| Physician Call backs pending |                          |             | □ New order, change order  
|                             |                          |             | □ Monitor  
|                             |                          |             | □ Transfer Acute Care |
| Critical issues           |                          |             | □ New order, change order  
|                             |                          |             | □ Monitor  
|                             |                          |             | □ Transfer Acute Care |
| Incidents/Accidents       |                          |             | □ New order, change order  
|                             |                          |             | □ Monitor  
|                             |                          |             | □ Transfer Acute Care |
| Medication/treatment requests |                        |             | □ New order, change order  
|                             |                          |             | □ Monitor  
|                             |                          |             | □ Transfer Acute Care |
| Lab, Xray, tests, reports |                          |             | □ New order, change order  
|                             |                          |             | □ Monitor  
|                             |                          |             | □ Transfer Acute Care |
| Medical Director Interventions |                      |             | □ New order, change order  
|                             |                          |             | □ Monitor  
|                             |                          |             | □ Transfer Acute Care |
| Advance Directors/DNR     |                          |             | □ New order, change order  
|                             |                          |             | □ Monitor  
|                             |                          |             | □ Transfer Acute Care |
| Other:                    |                          |             | □ New order, change order  
|                             |                          |             | □ Monitor  
|                             |                          |             | □ Transfer Acute Care |
| 13) Labs: Stats, critical, pending |                  |             | □ New order, change order  
|                             |                          |             | □ Monitor  
|                             |                          |             | □ Transfer Acute Care |
| a) Physician appointments/other/Transportation needs/Discharge planning |                         |             | □ New order, change order  
|                             |                          |             | □ Monitor  
|                             |                          |             | □ Transfer Acute Care |
| b) Grievances, concerns, referrals |                     |             | □ New order, change order  
|                             |                          |             | □ Monitor  
|                             |                          |             | □ Transfer Acute Care |

**RN Follow Up:**

Signature: ___________________________________________ Date: ________________