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|  NURSING PERSONNEL - DAILY ROUNDS  | NO. 182 |
|  DON Rounds:The Director of Nursing or their designee will make rounds on each wing daily upon arrival to the facility to ensure scheduled staff are present and assigned according to resident care needs for the day. In addition, the DON or their designee checks with each wing nurse for residents out of the facility, on home visits, hospitalizations, physician appointments, and health status changes. Residents who have a reported condition change is assessed per DON and recommendations are made for further assessment when necessary.The 9 am, 11 am, l pm, and 3 pm rounds are made to each wing to ensure residents who have scheduled physician appointments, Day Treatment, groups, PT/OT, and speech are properly prepared for their therapy; showers are being completed, turns are completed, fluids are available, residents are fed, proper positioning is maintained, call lights are answered promptly and the call light is placed within residents reach, condition changes are followed up with physician notification, equipment used by nursing staff is functioning and available, and residents concerns are addressed.CNA Rounds:Rounds are conducted at each shift change (7 am, 3 pm, and 11 pm) by the team leaders and CNAs. CNAs walk together room to room and check for the following: proper positioning of resident, turns completed, call light within reach, bed made, room clean and neat, leg/bed bags are empty and current, safety devices in use if applicable (bed/chair alarms, room monitor, lap trays on wheelchairs, helmet's on, padded side rails on, side rails up), fluids available, I & O's complete, documentation completed, and pertinent condition changes are reported to nurse on duty. Rounds are also done every 2 hours throughout the day, particularly on 3-11 and 11-7 shift when residents are in bed and require turning. When the CNAs check for proper positioning of residents on these rounds, they ensure proper body alignment for residents, especially those with feeding tubes, G-tubes, and residents with other special care needs. The CNAs also look for medical problems a resident may have (i.e. risk for aspiration, cognitive impairments which impair judgment and decision making, etc.).If items are found to need more attention, they are addressed. In some cases, a referral may need to be made to the nurse on duty or the DON. |
| Approved: | Effective Date: | Revision Date:3/17 | Change No.: | Page: 1 of 1 |