

Daily Unit Rounding Checklist

Health Services

ADDITIONAL

Elaborate if there is any requirements of Service Recovery?

textarea

Please share any Staff Recognition:

CLEAN UTILITY AREA

Was there solid bottoms on Linen and supply carts?

Yes

No

NA

Were the supplies stored on pallets or wire shelving?

Yes

No

NA

Were corrugated shipping boxes removed immediately?

Yes

No

NA

Did you notice other non-compliant findings?

Yes

No

NA

CRASH CART AREA

Is Defibrillator plugged in?

Yes

No

NA

Is the Crash Cart well maintained?

Yes

No

NA

Is Crash cart logs and Defibrillator checked regularly?

Yes

No

NA

Are Patches for leads sealed with original packages?

Yes

No

NA

Did you notice other non-compliant findings?

Yes

No

NA

EOC EXITS & EGRESS CHECK

Were the Exit doors and egress clear and free from obstacle?

Yes

No

NA

Did you notice other non-compliant findings?

Yes

No

NA

Was the Hallways clear and obstacle free?

Yes

No

NA

Did you notice any blockage near the medical gas valves, fire extinguishers or pull stations?

☐ Yes☐ No☐ NA

Can the doors open freely?

☐ Yes☐ No☐ NA

At patient care areas or nurse's stations did you find any foods or beverages?

☐ Yes☐ No☐ NA

Was clinical engineering sticker & current PMs label stuck on all Pt. equipment ?

☐ Yes☐ No☐ NA

Were there unattended meds on Pyxis, WOWs, or throughout the unit?

☐ Yes☐ No☐ NA

Did O2 tanks upright in holder, full and empty tanks have separate stickers?

☐ Yes☐ No☐ NA

Did you notice other non-compliant findings?

☐ Yes☐ No☐ NA

INFECTION PRECAUTION CHECK

Can the staff explain/ provide demo on proper donning and doffing of PPE?

☐ Yes☐ No☐ NA

Did you notice Contact Precaution sign and isolation cart placed outside the room?

☐ Yes☐ No☐ NA

Was proper cleaning done at all units?

Yes

No

NA

Did you notice any sinks throughout the unit?

Yes

No

NA

Did the staff sanitize their hands while entry/exit the patient room?

Yes

No

NA

Was the dispensers well stocked with hand gel?

Yes

No

NA

Did you notice any open Sani-Cloth containers?

Yes

No

NA

Did you notice gloves, booties, hanging face masks near hallway or public areas?

Yes

No

NA

Did you notice other non-compliant findings?

Yes

No

NA

MED AREA

Was Med Prep areas clean?

Yes

No

NA

Was Med rooms have access for authorized personnel only?

☐ Yes☐ No☐ NA

Was there separate Pill cutters for each patients?

☐ Yes☐ No☐ NA

Are regular checking done for Med refrigerator and freezer temp logs?

☐ Yes☐ No☐ NA

Is checking done for expired meds & supplies?

☐ Yes☐ No☐ NA

Did you notice other non-compliant findings?

☐ Yes☐ No☐ NA

PATIENT PANTRY/KITCHEN AREA CHECK

Was proper Pt. name and date labelling done on patient food?

☐ Yes☐ No☐ NA

Was there any stored food in patient's refrigerator?

☐ Yes☐ No☐ NA

Was dietary services used to check the Refrigerator temp ?

☐ Yes☐ No☐ NA

Did you notice other non-compliant findings?

☐ Yes☐ No☐ NA

SOILED UTILITY SECTION

Were marking done for the equipment which needs cleaning?

Yes

No

NA

Were labelling and covering a lid done on all biohazard containers?

Yes

No

NA

Did the soiled utility rooms have clean supplies?

Yes

No

NA

Did you notice other non-compliant findings?

Yes

No

NA

STAFF KNOWLEDGE

Did the staff well dressed with ID card and badges at chest level?

Yes

No

NA

Were the staff knowledgeable about fire alarm pull station?

Yes

No

NA

Was the staff aware of the nearest fire extinguisher location?

Yes

No

NA

Was the staff knowledgeable about fire extinguisher (P.A.S.S.)?

Yes

No

NA

Can the staff explain what to do in case of fire (R.A.C.E.)?

Yes

No

NA

Were 2 patient identifiers in compliance with hospital policy used by the staff?

Yes

No

NA

Did you notice other non-compliant findings?

Yes

No

NA

WAIVED CHECK

Is there any expired supplies?

Yes

No

NA

Are Glucometers, Controls and Strips dated w/date opened/expiration date; toss after 90 days?

Yes

No

NA

Did you notice other non-compliant findings?

Yes

No

NA