

## PROVIDER ROUNDING TOOL

<b>Name:</b>					<b>TODAY'S WEIGHT</b>	
<b>Date:</b>		<b>INTERN NAME/#:</b>			<b>Admit. Weight</b>	
<b>Code Status:</b>				<b>Expiration Date:</b>		
<b>MEDS</b>						
<b>Neuro Status</b>	Goal	Actual	<b>Activity</b>	Protocol	Yes/No	
RASS			ROM	Active/Passive		
CAM	Neg	Pos	Turning	Yes/No		
SAT	Pass/Fail	Why	OOB	Walk/Chair		
			PT/OT	Yes/No		
SBT	Pass/Fail	Why	<b>HIGH FALL RISK</b>	Yes/No		
	In progress		Pain Issues			
			CPOT:			
			1-10:			
<b>Drips</b>	Drug name	Current Rate	Goals (map,etc)			
Sedatives						
Vasoactives						
Narcs						
Other						
PAC	SVO2	CO/CI	EDVI	SVRI	EF	
	PAP	PAW				
<b>GI/GU</b>	Type	Rate	Goal	Tolerance/Issues		
TF						
Diet						
Bowel Function						
UOP 7a-present						
Last BG		Electrolyte Replacement				
<b>Wound/Skin</b>	Yes/No	Type	Location	Dressing		<b>Concerns</b>
Wounds						Orders POC
Pressure Ulcers						Goals FOLEY - Dispo
Drains/Drainage						RESTRAINTS
Wound Consult						Isolation