

Rounding Checklist

| Patient | | | | | | | | |
|---------------|-------------------------------------|--|--|--|--|--|--|--|
| Pre-Rounding | Notes (sign out, nursing, consults) | | | | | | | |
| | Scheduled Meds Given | | | | | | | |
| | PRN Meds | | | | | | | |
| | Date of Antibiotics | | | | | | | |
| | Vitals | | | | | | | |
| | I/Os | | | | | | | |
| | Labs | | | | | | | |
| | Imaging | | | | | | | |
| | Cultures | | | | | | | |
| Post-Rounding | Discharges | | | | | | | |
| | Consults | | | | | | | |
| | Orders | | | | | | | |
| | Labs | | | | | | | |
| | Notes | | | | | | | |
| | Diet | | | | | | | |
| | Sign Out | | | | | | | |
| To-Do: | | | | | | | | |