

Interdisciplinary Rounds Checklist Template

Facility/Organization		Date and Time	
Department		Attending Physician/Surgeon	
Patient Name and DOB		Team Members Present	

Participants	Items	Notes
Safety Measures	<input type="checkbox"/> Ask for the patient's consent to proceed with bedside rounding. If the patient refuses, perform rounds outside of the room, maintaining patient confidentiality. <input type="checkbox"/> Verify the patient's name and DOB, ensuring the proper health record has been accessed. <input type="checkbox"/> Introduce all staff members present, including name, credentials, and purpose in rounds.	
At Teaching Facilities: Resident Team	At teaching facilities, residents will initiate the primary rounding discussion. <input type="checkbox"/> Share patient's pertinent background information, admission details, and current status in SBAR-style report. <input type="checkbox"/> Review current care plan measures and update as needed.	

	<input type="checkbox"/> Provide treatment next steps. <input type="checkbox"/> Explain adjustments to current orders. <input type="checkbox"/> Voice any questions or concerns.	
Nursing	<p>The nursing team initiates the primary rounding discussion.*</p> <ul style="list-style-type: none"> <input type="checkbox"/> (At a nonteaching facility): Share patient's pertinent background information, admission details, and current status in SBAR-style report. <input type="checkbox"/> Update the team on the nursing care plan status and safety measures. <input type="checkbox"/> Voice any nursing questions or concerns. <p>*Unless an alternative representative has been selected by the rounding team.</p>	
Physician(s)	<ul style="list-style-type: none"> <input type="checkbox"/> Confirm diagnosis or update the diagnosis (as appropriate). <input type="checkbox"/> Review care plan measures and update as needed. <input type="checkbox"/> Provide treatment next steps. <input type="checkbox"/> Explain adjustments to current orders. <input type="checkbox"/> Voice any questions or concerns. 	
Respiratory, Physical, Occupational, and/or Speech Therapy	<ul style="list-style-type: none"> <input type="checkbox"/> Update the team on therapy progress. <input type="checkbox"/> Review and adjust therapy goals. <input type="checkbox"/> Address ongoing therapy considerations post-discharge. <input type="checkbox"/> Voice any questions or concerns. 	
Pharmacy	<ul style="list-style-type: none"> <input type="checkbox"/> Reconcile current medications. <input type="checkbox"/> Adjust medication orders as needed. 	

	<input type="checkbox"/> Voice any questions or concerns.	
Case Management	<input type="checkbox"/> Explain the current discharge plan. <input type="checkbox"/> Identify any challenges to discharge or the working discharge plan. <input type="checkbox"/> Voice any questions or concerns.	
Patient and/or Patient Family	<input type="checkbox"/> Ask for the patient's input on their current health status and care plan experience. <input type="checkbox"/> Encourage the vocalization of any additional questions or concerns.	
Wrap-Up Measures	<p>The nursing team will wrap up rounding.*</p> <input type="checkbox"/> Confirm follow-up tasks and goals. <input type="checkbox"/> Ensure closed-loop communication has been employed to answer all questions and address noted concerns. <input type="checkbox"/> Document this instance of rounding within the EHR or appropriate records.	

*Unless an alternative representative has been selected by the rounding team.