

DAILY ROUNDS PREPARATION CHECKLIST

Date: _____ Patient Name: _____

WHAT I OBSERVED SINCE LAST UPDATE

Alertness, breathing, pain, mood, skin color, anything different:

KEY NUMBERS (circle change)

- | | | | |
|-----------------------|--------------------------|----------------------------|----------------------------|
| Vasopressor dose | <input type="radio"/> Up | <input type="radio"/> Down | <input type="radio"/> Same |
| Oxygen / Vent support | <input type="radio"/> Up | <input type="radio"/> Down | <input type="radio"/> Same |
| Urine output | <input type="radio"/> Up | <input type="radio"/> Down | <input type="radio"/> Same |
| Other: | <input type="radio"/> Up | <input type="radio"/> Down | <input type="radio"/> Same |

MY #1 QUESTION FOR THE ATTENDING

BACKUP QUESTIONS

UNRESOLVED CONCERNS FROM YESTERDAY

WHAT I HEARD AT ROUNDS

ACTION ITEMS / NEXT STEPS

- _____
- _____
- _____