

**Intentional rounding**

Patient name ..... Hospital number..... Ward.....  
 NHS No..... Date.....

RN responsible for care: RN Night..... RN AM..... RN PM..... RN Night.....

		RN 02:00	04:00	06:00	RN 8:00	9:00	10:00	11:00	RN 12:00	13:00	14:00	15:00	RN 16:00	17:00	18:00	19:00	RN 20:00	22:00	00:00
<b>4 P's</b>	PROMPT: Pain																		
	PROMPT: Personal Cares																		
	PROMPT: Positions																		
	PROMPT: Possessions Glasses/Hearing Aid/Dentures/ Water Jug/Glass/Nurse Call etc																		
<b>Falls risk</b>	<b>Falls Risk: G = green, A = Amber, R = red</b>																		
	Alert/Confused/Asleep/ Agitated/Delirium/Dementia <b>A/C/As/Ag/Del/Dem</b>																		
	Is footwear appropriate Hourly – Yes/No																		
<b>SKIN bundle</b>	Surface – Appropriate mattress?/seat cushion appropriate/sheets smooth																		
	Skin Condition – Document skin check key (Document frequency in variance box)																		
	Change position																		
	Designation																		
	Signature																		

**Is there anything else I can do for you?**

<b>SKIN Codes (Use as many as required):</b> A: No marking to pressure areas B: Blanching erythema		<b>POSITION Codes:</b> AA: Absent from ward ST/C: Standing from chair	
C: Non-blanching erythema D: Intact dressing E: Dressing renewed F: Dressing removed and replacement not required G: Spontaneously moving – skin NOT inspected H: Skin not inspected I: Patient refused inspection J: Patient too unstable to move X: Skin excoriated		E: Electronic mechanism used for position change R: Restless T: Therapy H: Patient refused I: Patient too unstable to move LR: Log rolled P: Position changed M: Mobile LT: Left side RH: Right side B: Back C: Chair	
<b>Please TICK level of mobility</b> Mobile <input type="checkbox"/> Assistance of 1/2 <input type="checkbox"/> Immobile <input type="checkbox"/>	<b>Please TICK bed rail position</b> Intermittent bed rail use <input type="checkbox"/> Bed rails up <input type="checkbox"/> Bed rails down <input type="checkbox"/>	<b>Mattress guide:</b> Pentaflex <input type="checkbox"/> Breeze <input type="checkbox"/> Nimbus 3 <input type="checkbox"/> Nimbus professional <input type="checkbox"/>	
<b>Pressure Relieving Equipment:</b> Type of Mattress: ..... Type of cushion: ..... Does it need escalating: YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>BODY MAP</b> <b>SKIN INTEGRITY:</b> X – Excoriated K – Bruising L – Skin Tear M – Wounds N – Heels blanching			
BODY MAP 1 HERE (FRONT VIEW)		BODY MAP 2 HERE (BACK VIEW)	
<b>DEVICES List: All relevant devices to be circled and highlighted on the body map</b>			
1. Helmet	9. O2 saturations probe	17. POP	
2. NG tube	10. Pelvic Brace	18. Hinge Knee Brace	
3. O2 face mask/nasal specs	11. Catheter	19. Foot Drop	
4. Trachyostomy	12. Drains	20. Backslab	
5. PEG/RIG	13. Vac Dressings	21. Other.....	
6. Elbow splint	14. TEDs	22.....	
7. Cannula/PICC/MID/CVC	15. Flowtron Boots	23.....	
8. Hand Resting Splint	16. Cricket pad splint	24.....	

**24 Hour Fluid Balance Chart**

Patient name ..... Hospital number..... Ward.....

NHS No..... Date.....

Time	Daily instructions											
	Oral intake	IV Intake – 1	IV intake – 2	Parenteral/ Enteral Intake	NG/PEG/ Other Flush	Hourly Running Total – Input	Urine Output	Vomit/ Aspirate	Drain – 1	Drain – 2 or Drain Other	Hourly Running Total – Output	
00:00												
01:00												
02:00												
03:00												
04:00												
05:00												
06:00												
07:00												
08:00												
09:00												
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16:00												
17:00												
18:00												
19:00												
20:00												
21:00												
22:00												
23:00												
<b>TOTAL</b>												
<b>Intake</b>							<b>Output</b>					
<b>Negative</b>							<b>Positive</b>					

PLEASE COMPLETE CUMULATIVE FLUID BALANCE CHART

Food Record Chart	N/A <input type="checkbox"/>				
BREAKFAST	1/4	1/2	3/4	ALL	Offered But Refused
Cereal / Porridge					
Sugar					
Toast (number of slices)					
Drink (Type)					
<b>MID MORNING</b>					
Supplement drink (type)					
Snack (state)					
Drink (type)					
<b>LUNCH</b>					
Soup					
Meat / Fish / Other					
Potato / Rice / Pasta					
Vegetables					
Sandwich (type)					
Salad (type)					
Pudding					
Custard					
Mousse					
Yogurt					
Cheese and biscuits					
Fruit					
Other (Specify)					
<b>MID AFTERNOON</b>					
Supplement drink (type)					
Snack (state)					
Drink (type)					
<b>EVENING MEAL</b>					
Soup					
Meat / Fish / Other					
Potato / Rice / Pasta					
Vegetables					
Sandwich (type)					
Salad (type)					
Pudding					
Custard					
Mousse					
Yogurt					
Cheese and biscuits					
Fruit					
Other (specific)					
<b>SUPPER</b>					