

## **RN CHECKLIST FOR CLUSTER CARE**

### **Before Entering Rooms**

- ☐ Asses patient's pain level for meds / Ask if they need anything brought in.
- ☐ Check MAR and Pyxis.
- ☐ Consider need for additional RN/NA assistance for care.

### **8:00 Rounds**

<input type="checkbox"/> VS, Assessment	<input type="checkbox"/> Blood Glucose	<input type="checkbox"/> Meds	<input type="checkbox"/> Position Change, Bathroom
<input type="checkbox"/> AM Care	<input type="checkbox"/> EKG, if ordered	<input type="checkbox"/> IV Care, Flush	<input type="checkbox"/> Respiratory Treatments, Care
<input type="checkbox"/> Check Server, Supplies	<input type="checkbox"/> Instruct/Assist patient to order meal	<input type="checkbox"/> Set up for Meal/Feeding patient	<input type="checkbox"/> Environmental Check (trash, linen, trays, water/snacks, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **11:00 – 12:00 Rounds**

<input type="checkbox"/> VS, Assessment	<input type="checkbox"/> Blood Glucose	<input type="checkbox"/> Meds	<input type="checkbox"/> Position Change, Bathroom
<input type="checkbox"/> Instruct/Assist patient to order meal	<input type="checkbox"/> Set up for Meal/Feeding patient	<input type="checkbox"/> Respiratory Treatments, Care	<input type="checkbox"/> Environmental Check (trash, linen, trays, water/snacks, etc.)
<input type="checkbox"/> EKG, if ordered	<input type="checkbox"/> IV Care, Flush	<input type="checkbox"/>	<input type="checkbox"/>

### **4:00 Rounds**

<input type="checkbox"/> VS, Assessment	<input type="checkbox"/> Meds	<input type="checkbox"/> Position Change, Bathroom	<input type="checkbox"/> Environmental Check (trash, linen, trays, water/snacks, etc.)
<input type="checkbox"/> EKG, if ordered	<input type="checkbox"/> IV Care, Flush	<input type="checkbox"/>	<input type="checkbox"/>