

Enhancing Interdisciplinary Communication Through the Use of a Nurse Rounding Script

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Effective communication is the cornerstone of high-quality patient care, particularly in the complex and fast-paced environment of Pediatric Critical Care. The Nurse Rounding Script is a proactive approach to patient care and has emerged as a valuable strategy for promoting communication among healthcare professionals.

In the fast-paced world of pediatric critical care the conerstone of high-quality care is effective and accurate communication.



Key features of the Nurse Rounding Script:

Standardized Format

The script offers a structured format to guide the Critical Care Nurse during rounds, ensuring that they cover precise information to aide in the patient care plan.

Streamline Workflow

By presenting a clear checklist of tasks and questions, the script optimizes the workflow, reducing the risk of crucial patient information being missed.

Prioritization of Concerns

The script emphasizes the prioritization of patient needs, ensuring that the medical team is promptly informed of any issues requiring immediate attention.

ODocumentation

It encourages thorough documentation of information needed for rounds, which can serve as a valuable reference for the healthcare team and improve patient outcomes.

Team Building

Collaborative rounding fosters stronger relationships and trust between nursing staff and the medical team, leading to better teamwork and collaboration.

	PICU ROUNDING SCRIPT [PATIENT LABEL]
	Situation: Aga/Sen:
- 1	Diagnosis:
	Background: Past Medical and/or Surgical History:
	Mospital Course:
	Assessment: Information below is reported on rounds. Please complete all items and list ALL medications with dose and frequency. Data that is not relevant to a specific patient may be omitted. Please update this sheet prior to hand-off at the change of shift.
1	1. Manitoring: DEEG/SEEG DICP Monitor ICP
ž	2. Sedation drips: S85 goal Current S85
Ä	and the state of t
8	3. Withdrawal: D Ativan D Methodone D Cloridine WAT-1 scores
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NE	4. Other neuro-meds (include antiepileptics, pain meds/catheters, etc): Pain is well controlled? YES/NO
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NEUP	4. Other neuro meds (include antiepileptics, pain meds/catheters, etc): Pain is well controlled? YES/NO
NEUP	4. Other neuro-meds (include antiepileptics, pain meds/catheters, etc): Pain is well controlled? YES/NO 1. Vital Signs (range): RR Sp02 EtCO2
NEU	4. Other neuro-meds (include antiepileptics, pain meds/catheters, etc): 1. Vital Signs (range): RR Sp82 EtC02 2. Non-invasive (NC/HFNC/CPAP/BiPAP) settings: © Pink sheet complete
NEU	4. Other neuro-meds (include antiepileptics, pain meds/catheters, etc): 1. Vital Signs (range): RR Sp02 EtC02 2. Non-invasive (INC/HFNC/CPAP/BiPAP) settings: O Pink sheet complete 3. Mode of invasive mechanical ventilation (dircle): SMV A/C APRV MFOV SPONT
NEU	4. Other neuro-meds (include arritepileptics, pain meds/catheters, etc): 2. Vital Signs (range): RR Sp02 E1CO2 2. Non-invasive (NC/HFNC/CPAP/BiPAP) settings: DPink sheet complete 3. Mode of invasive mechanical ventilation (drole): SB/IV A/C APRV HEOV SPONT Rate Set Pressure (PC) or Tidal Volume (VC) Volume delivered or Proix Pressure
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NEO	4. Other neuro meds (include antiepileptics, pain meds/catheters, etc.) 2. Vital Signs (range): RR Sp02 EtCO2 2. Non-invasive (NC/NFNC/CPAP/BiPAP) settings: Denk sheet complete 3. Mode of invasive mechanical ventilation (dircle): SBVV A/C APRV HEOV SPONT #ate Set Pressure (PC) or Tidol Volume (VC) Volume delivered or Peak Pressure PEEP Pressure Support FX02% 4. Chest Tubes: DRIGHT to suction/waterseal/bulb Drainage/24h (for CVS patients please also report 5h/12h drainage)
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NEO	4. Other neuro-meds (include arritepileptics, pain meds/catheters, etc.) Pain is well controlled? YES/NO 1. Vital Signs (range): RR Sp02 EtCO2 2. Non-invasive (NC/HFNC/CPAP/BiPAP) settings: DFink sheet complete 3. Mode of invasive mechanical ventilation (dricle): SBNV A/C APRV HFOV SPONT Pate Set Pressure (PC) or Tidol Volume (VC) Volume delivered or Peak Pressure PEEP Pressure Support FX026 4. Chest Tubes: DRIGHT to suction/waterseal/bulb Drainage/24h (for CXS patients; blesse also report Bh/12h drainage) DI LEFT to suction/waterseal/bulb Drainage/24h (for CXS patients; blesse also report Bh/12h drainage) S. Medications (including inhaled): 1. Vital Signs (range): HR BP [culff] BP / (A-Line) CXP
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NESFINALURY	4. Other neuro-meds (include antiepileptics, pain meds/catheters, etc.): Pain is well controlled? YES/NO 1. Vital Signs (range): RR

	Temp: Tourrent Tmax If potient is being actively cooled: Target Temp
9	2. Antimicrobial medications (PO/NV):
	1. Diet: O NPO D Regular D Feeds
	2. Fluids: IV fluid composition and rate: □ Patient is on TPN/PPN
ō	3. Is patient ordered for medications for stress ulcer prophylaxis? YES/NO
	4. Bowel Regimen:
	S. Intake and Output/24h Net fluid balance UOPcc/kg/hr
	2. Patient has a urinary catheter: YES/NO Can urinary catheter be removed? YES/NO
3	3. Diuretic medications:
	4. Electrolyte supplements:
	5. Dialysis: DHD DPD DCVVHD
	5. Dialysis: DHD DPD DCVVHD 5. DVT Prophylaxis: D None - D Ambulation - D Venodynes - D Lovenox or SQH - D Heparin infusion - D Venodynes - D Lovenox or SQH - D Heparin infusion - D Venodynes - D
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The **Nurse Rounding Script** highlights the importance of effective nurse rounding as means to improve communication and collaboration between the Registered Nurse and the multidisciplinary team. The Nurse Rounding Script is a practical and promising tool that can enhance the quality of patient care by streamlining communication and fostering a more holistic approach to healthcare delivery. Research and implementation studies are in process to further evaluate the impact of the Nurse Rounding Script on patient outcomes and interdisciplinary communication in the critical care setting.