Bedside orientation

This audit module is designed to be used with every patient, on admission or after a transfer.

It looks at the immediate bedside environment and orientation to the ward.

This audit module contains 22 questions and will take approximately 5-10 minutes to complete.

When you have completed the audit, please keep it for your reference. You may wish to use it to create your own action list, or to use the information to educate staff about the role of the environment in patient care.

If you want to audit more than one location, please print a new copy of this module and complete the audit again for the new location.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital and ward \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room number/ bed number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s name (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you introduced yourself to the patient and explained your role?

**Yes** *- Correct*  **No**  **N/A**

1. Are you wearing a name badge and is it visible?

**Yes** *- Correct*  **No**  **N/A**

1. Have you shown the patient where the toilet is?

**Yes** *- Correct*  **No**  **N/A**

1. Have you oriented them to the layout of the ward?

**Yes** *- Correct*  **No**  **N/A**

1. Have you oriented them to the ward timetable? This could include meal times, meal ordering, medical rounds times and what to expect, visiting hours, etc.

**Yes** *- Correct*  **No**  **N/A**

1. Have you oriented their family or carer to the ward layout and timetable? This could include visiting hours, medical rounds times and what to expect, public facilities such as toilets and kitchenette, meal times, policies on bringing in outside food, laundry systems etc.

**Yes** *- Correct*  **No**  **N/A**

1. Have you explained the importance of them (and their family or carer) asking questions and being involved in their care and care decisions?

**Yes** *- Correct*  **No**  **N/A**

1. Have you explained the importance of mobilising and how and when to do so safely?

**Yes** *- Correct*  **No**  **N/A**

1. Have you checked that clocks and calendars display the correct time/date?

**Yes** *- Correct*  **No**  **N/A**

1. Have you checked the patient’s call bell works and is within easy reach?

**Yes** *- Correct*  **No**  **N/A**

1. Have you shown them how and when to use the call bell and checked they have understood?

**Yes** *- Correct*  **No**  **N/A**

1. If they are unable to operate the call bell or understand its use, have you put a strategy in place to increase surveillance, for example, moving them as close as possible to the nurses’ station?

**Yes** *- Correct*  **No**  **N/A**

1. Have you checked the patient’s TV remote and bed controller are in easy reach?

**Yes** *- Correct*  **No**  **N/A**

1. Is their tray table free of clutter and in easy reach? Are the wheels locked if it has this function?

**Yes** *- Correct*  **No**  **N/A**

1. Is their bedside table and the items on it within easy reach?

**Yes** *- Correct*  **No**  **N/A**

1. Do they have water in easy reach?

**Yes** *- Correct*  **No**  **N/A**

1. Is the room/bed bay free of any clutter/trip hazards?

**Yes** *- Correct*  **No**  **N/A**

1. Does the patient have any communication aids they need with them and are they accessible? Ask about hearing aids, spectacles, dentures, gait aids etc.

**Yes** *- Correct*  **No**  **N/A**

1. Have you asked if they need help with meals? Ask about opening packaging, cutting up food, if they have a special diet etc. If so, ensure help will be available at meal times.

**Yes** *- Correct*  **No**  **N/A**

1. Is their bed at a safe height?

**Yes** *- Correct*  **No**  **N/A**

1. Have you checked their positioning and that they are comfortable?

**Yes** *- Correct*  **No**  **N/A**

1. Have you asked if there is anything else they need or would like to ask?

**Yes** *- Correct*  **No**  **N/A**

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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