



## **Nursing Checklist for Visit**

Please have the following information completed prior to the Provider Team arriving at your community.

- Complete Rounding Form or comparable document including:
    - Patient name
    - Date of birth
    - Room number
    - Vitals
      - Weight
      - Blood pressure
      - Pulse
      - Respirations
      - Please note:** Vital Signs are to be documented for every patient at every visit . Vital signs do not need to be taken the same day and may be done in advance. Monthly vital signs are acceptable.
  - Concerns
    - Please document any concerns, questions or requests in the space provided.
    - If there are no concerns for the patient, please indicate this by writing N/A in the space provided.
  - Preferred Pharmacy
  - Family members present and the time that they will be present
  - Requests for handwritten narcotic prescriptions (hard copies)
- A list of current medications - copies of MARs or printed lists are acceptable
- Nursing staff available for questions

Thank you!