## Family Centered Rounds

### Rounding Checklist

**Team/Service:** __________________________

**Date:** __________________________

### Present on rounds

- Attending
- Fellow
- Residents
- Students
- Nurse
- LIP
- Respiratory
- Pharmacy
- SW
- Patient
- Family

### Domain | Behavior
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**Introduction** | Introduce team members, explain roles
Address child / family by preferred name
Explain purpose of family centered rounds
Confirm preference for participation
Explain teaching / educational nature of rounds

**Environment** | Family included in rounding “circle”
Make eye contact

**Information Sharing** | Invite family to contribute knowledge, correct errors, raise concerns, and ask questions
Ask how child is doing
Ask about pain and comfort
Actively listen without interruption
Use understandable language, or summarize / explain any jargon / technical language
Check understanding

**Decision Making** | Discuss family’s preferences related to care
Ask about family’s concerns
Involve family in discharge planning, outpatient needs, and follow-up care

**Departure** | Discuss next steps and what to expect
“What questions do you have?”

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**If patient/family did not participate on rounds:**

<table>
<thead>
<tr>
<th>Reason family not on rounds</th>
<th>Responsible for follow-up w/family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not present at time of rounds</td>
<td>Attending</td>
</tr>
<tr>
<td>Social / privacy reason</td>
<td>Fellow</td>
</tr>
<tr>
<td>Complex family dynamics</td>
<td>Residents</td>
</tr>
<tr>
<td>Family preference</td>
<td>Nurse</td>
</tr>
<tr>
<td>Language barrier</td>
<td>LIP</td>
</tr>
<tr>
<td>Other</td>
<td>No plan made</td>
</tr>
</tbody>
</table>