



# Family Centered Rounds Rounding Checklist

Team/Service: \_\_\_\_\_

Date: \_\_\_\_\_

## Present on rounds

- |                                    |                                      |                                  |
|------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Attending | <input type="checkbox"/> Nurse       | <input type="checkbox"/> SW      |
| <input type="checkbox"/> Fellow    | <input type="checkbox"/> LIP         | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Residents | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Family  |
| <input type="checkbox"/> Students  | <input type="checkbox"/> Pharmacy    |                                  |

Domain	Behavior
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
Decision Making	Check understanding
	Discuss family's preferences related to care
	Ask about family's concerns
Departure	Involve family in discharge planning, outpatient needs, and follow-up care
	Discuss next steps and what to expect
	"What questions do you have?"

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

### Reason family not on rounds

- |  |  |
|--|--|
| <input type="checkbox"/> Not present at time of rounds | <input type="checkbox"/> Family preference |
| <input type="checkbox"/> Social / privacy reason       | <input type="checkbox"/> Language barrier  |
| <input type="checkbox"/> Complex family dynamics       | <input type="checkbox"/> Other             |

### Responsible for follow-up w/family

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Attending | <input type="checkbox"/> Nurse        |
| <input type="checkbox"/> Fellow    | <input type="checkbox"/> LIP          |
| <input type="checkbox"/> Resident  | <input type="checkbox"/> No plan made |