

Patient Label: \_\_\_\_\_

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

## HOURLY ROUNDING LOGSHEET

Time	Patient Sleeping	Patient Off Unit	Pain	Position	Bathroom	Initials
0800						
0900						
1000						
1100						
1200						
1300						
1400						
1500						
1600						
1700						
1800						
2000						
2100						
2200						
2400						
0200						
0400						
0600						

Please check (✓) the appropriate box when an intervention occurs (e.g. pain med given or assisted to bathroom) and initial each round. If patient off unit for surgery or procedure, please check in provided space. If patient is resting, check box provided, but do not wake patient unless other scheduled procedure/intervention is needed.