

# Medical Surgical / Swing Bed Rounding

Rounding Provider: \_\_\_\_\_

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

*Patient Sticker*

Level of Care: \_\_\_\_\_

Documentation: \_\_\_\_\_

VTE Assessment: \_\_\_\_\_

Orders: \_\_\_\_\_

Med Rec: \_\_\_\_\_

*Patient Sticker*

Level of Care: \_\_\_\_\_

Documentation: \_\_\_\_\_

VTE Assessment: \_\_\_\_\_

Orders: \_\_\_\_\_

Med Rec: \_\_\_\_\_

*Patient Sticker*

Level of Care: \_\_\_\_\_

Documentation: \_\_\_\_\_

VTE Assessment: \_\_\_\_\_

Orders: \_\_\_\_\_

Med Rec: \_\_\_\_\_

*Patient Sticker*

Level of Care: \_\_\_\_\_

Documentation: \_\_\_\_\_

VTE Assessment: \_\_\_\_\_

Orders: \_\_\_\_\_

Med Rec: \_\_\_\_\_

**Documentation**

Admit Note -----  
Progress Note -----  
SWB Rounds Note -----  
Discharge Summary -----

**Template Notes**

Provider Admission  
Provider – Hospital Rounds  
Provider – Swing Bed Rounds  
Provider – Discharge Summary

Rounding Start Time: \_\_\_\_\_  
Rounding End Time: \_\_\_\_\_  
*(include charting time)*