



## Bedside orientation

This audit module is designed to be used with every patient, on admission or after a transfer.

It looks at the immediate bedside environment and orientation to the ward.

This audit module contains 22 questions and will take approximately 5-10 minutes to complete.

When you have completed the audit, please keep it for your reference. You may wish to use it to create your own action list, or to use the information to educate staff about the role of the environment in patient care.

If you want to audit more than one location, please print a new copy of this module and complete the audit again for the new location.

Name \_\_\_\_\_ Date \_\_\_\_\_

Hospital and ward \_\_\_\_\_

Room number/ bed number \_\_\_\_\_

Patient's name (optional) \_\_\_\_\_

**1. Have you introduced yourself to the patient and explained your role?**

Yes - Correct     No     N/A

**2. Are you wearing a name badge and is it visible?**

Yes - Correct     No     N/A

**3. Have you shown the patient where the toilet is?**

Yes - Correct     No     N/A

**4. Have you oriented them to the layout of the ward?**

Yes - Correct     No     N/A

**5. Have you oriented them to the ward timetable? This could include meal times, meal ordering, medical rounds times and what to expect, visiting hours, etc.**

Yes - Correct     No     N/A



6. Have you oriented their family or carer to the ward layout and timetable? This could include visiting hours, medical rounds times and what to expect, public facilities such as toilets and kitchenette, meal times, policies on bringing in outside food, laundry systems etc.

Yes - Correct     No     N/A

7. Have you explained the importance of them (and their family or carer) asking questions and being involved in their care and care decisions?

Yes - Correct     No     N/A

8. Have you explained the importance of mobilising and how and when to do so safely?

Yes - Correct     No     N/A

9. Have you checked that clocks and calendars display the correct time/date?

Yes - Correct     No     N/A

10. Have you checked the patient's call bell works and is within easy reach?

Yes - Correct     No     N/A

11. Have you shown them how and when to use the call bell and checked they have understood?

Yes - Correct     No     N/A

12. If they are unable to operate the call bell or understand its use, have you put a strategy in place to increase surveillance, for example, moving them as close as possible to the nurses' station?

Yes - Correct     No     N/A

13. Have you checked the patient's TV remote and bed controller are in easy reach?

Yes - Correct     No     N/A

14. Is their tray table free of clutter and in easy reach? Are the wheels locked if it has this function?

Yes - Correct     No     N/A

15. Is their bedside table and the items on it within easy reach?

Yes - Correct     No     N/A



16. Do they have water in easy reach?

- Yes - Correct    No    N/A

17. Is the room/bed bay free of any clutter/trip hazards?

- Yes - Correct    No    N/A

18. Does the patient have any communication aids they need with them and are they accessible? Ask about hearing aids, spectacles, dentures, gait aids etc.

- Yes - Correct    No    N/A

19. Have you asked if they need help with meals? Ask about opening packaging, cutting up food, if they have a special diet etc. If so, ensure help will be available at meal times.

- Yes - Correct    No    N/A

20. Is their bed at a safe height?

- Yes - Correct    No    N/A

21. Have you checked their positioning and that they are comfortable?

- Yes - Correct    No    N/A

22. Have you asked if there is anything else they need or would like to ask?

- Yes - Correct    No    N/A

**Notes**

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