

# Unit Post Binder — 24■Hour Coverage Timeline & Nursing Checklist

Resident profile: Memory care, 80+, post-hip fracture. Goal: Prevent unassisted transfers with bed■exit and chair■exit monitoring.

Generated by M365 Copilot (GPT■5 Chat) — 2026■02■03

## 24■Hour Coverage Timeline

Time Block	Primary Risk	Monitoring Focus	Notes
00:00–06:00 (Overnight)	Bed■exit (confusion, toileting)	Bed pad armed; fast escalation	Quiet room; ensure hallway coverage
06:00–09:00 (Morning)	First stand of day	Chair pad armed after transfer; supervised transfers	HAD, orthostatic hypotension
09:00–12:00 (Late morning)	Transfers to activities	Chair pad or supervised transfers	Consider transport chair
12:00–14:00 (Midday)	Post■meal drowsiness	Chair pad armed (napping risk)	Reposition for comfort to reduce falls
14:00–17:00 (Afternoon)	Therapy / fatigue	Chair pad during unsupervised sitting	Coordinate with PT/OT schedule
17:00–20:00 (Evening)	Sundowning agitation	Chair pad + frequent rounding	Lower threshold for escalation
20:00–24:00 (Night)	Bed■exit	Bed pad armed; verify batteries	Night checks per policy

### Rounding & Escalation Targets

- Acknowledge alerts within ≤ 60–90 seconds.
- Arrive at resident within ≤ 3 minutes (adjust to facility layout).
- Document delays and adjust staffing/coverage as needed.

## Nursing Staff Checklist — Bed & Chair Exit Monitoring

### Shift Start

- [ ] Verify bed pad placement (under shoulders/lower back).
- [ ] Verify chair/wheelchair pad placement (centered under seat cushion).
- [ ] Confirm sensors are armed and reporting.
- [ ] Test alert delivery to assigned caregiver(s).
- [ ] Review escalation timing and on■call coverage.

### During Shift

- [ ] Respond immediately to bed■ or chair■exit alerts.
- [ ] Assist resident with transfer or return to seated/lying position.
- [ ] Re■arm sensor after assistance.
- [ ] Observe for repeated alerts indicating discomfort or repositioning needs.

### ***False■Alarm Reduction***

- [ ] Re■check pad placement if nuisance alerts occur.
- [ ] Ensure pads are flat (no folds or bunching).
- [ ] Adjust sensitivity/escalation per facility policy.
- [ ] Document patterns (time of day, activity).

### ***End of Shift***

- [ ] Confirm sensors are active.
- [ ] Handoff any recurring issues to next shift.
- [ ] Flag equipment needing maintenance or replacement.

### ***Weekly Review (Charge Nurse / Supervisor)***

- [ ] Review response■time metrics.
- [ ] Identify false■alarm trends.
- [ ] Adjust care plan as mobility improves (consider tapering chair monitoring first).

Note: Chair■exit often becomes the primary daytime risk in hip■fracture recovery; keep chair monitoring armed during unsupervised sitting.