



KPJ KLANG
SPECIALIST HOSPITAL

**NURSING SERVICES
INPATIENT/ RELATIVE ORIENTATION
CHECKLIST**

Name :
MRN :
D.O.B :
Sex :
Ward :
Bed No : Date :

Please indicate and state your remarks as to the orientation been given.

NO	ON ARRIVAL TO THE WARD/ UNIT	REMARKS
1	Introduce self and designation.	
2	Inform the room number and the name of the ward.	
3	Show patient the bed and demonstrate the: <ul style="list-style-type: none"> - Use of call bell/ TV remote control - Use and the necessity of bed rails 	
4	Show the washroom and explain on the safety measure in the washroom such as: <ul style="list-style-type: none"> - Caution Wet Floor - Demonstrate the use of call bell, hot & cold water outlet 	
5	Explain the usage of hospital telephone (if available at the bedside) and inform that charges will be billed into the account.	

WARD ROUTINE

1	Inform consultants round will be once/ twice a day and PRN during working day and daily on weekends and public holidays.	
2	Inform that the nurses will be 24 hours in the ward nursing them 3 shifts <ul style="list-style-type: none"> - AM (7am – 2pm) - PM (2pm – 9pm) - NIGHT (9pm – 7am) 	
3	Inform that Unit Manager/ In Charge will be on divided duty/ on call.	

MEAL TIME

1	<div>Meal time:</div> <table><tr><th>Breakfast</th><th>Lunch</th><th>Tea Time</th><th>Dinner</th></tr><tr><td>8.00am - 9.00am</td><td>12.00n - 1.00pm</td><td>3.00pm - 4.00pm</td><td>6.00pm - 7.00pm</td></tr></table>	Breakfast	Lunch	Tea Time	Dinner	8.00am - 9.00am	12.00n - 1.00pm	3.00pm - 4.00pm	6.00pm - 7.00pm	
Breakfast	Lunch	Tea Time	Dinner							
8.00am - 9.00am	12.00n - 1.00pm	3.00pm - 4.00pm	6.00pm - 7.00pm							
2	Meals served must be consumed within 1 hour to avoid contamination.									

MEDICATION

1	Medication will be served to you according to the scheduled time as ordered by consultant.	
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ADHERENCE TO VISITING HOUR

1	Visiting hours (Max. of 2 visitors per patient at one time):		
	General Ward	HDU/ ICU	
	12.30 noon – 2.00pm	12.00 noon – 2.00pm	
	4.30pm – 9.30pm	4.30pm – 6.30pm	
No visitors are allowed after 10.00pm, as patient need an adequate rest.			

2	Children below 12 years are not advised to visit the sick patient in the hospital.	
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3	Only female/ mother (paediatric cases) are allowed to stay overnight in sharing room to look after the patient if need arises.	
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NO	PROPERTY/ VALUABLES	REMARKS
1	Instruct family members to take home the patients valuables/ property if any.	
2	Do not bring valuables/ property, if you want to keep your valuables, hospital will not be held responsible for any loss.	

GRIEVANCE MECHANISM

1	Brief on grievance mechanism: Written/ verbal feedback will be given to the UM/ PR for investigation.	
2	Hospital will reply within 7 working days based on the feedback.	

PATIENT'S & FAMILY RIGHT AND RESPONSIBILITY

1	Re-emphasize on 'Patient's and Family Right and Responsibilities' brochure and give explanation as required.	
2	Patient's personal values, beliefs and religion identified.	
3	Patient's special request on choice of menu.	
4	Patient's & services responsibility for safe keeping and protecting personal belongings explained.	
5	Special attention and priority care are given to children, disabled individuals, the elderly, individuals with mental and emotional disabilities and other vulnerable groups are identified.	
6	Patients are informed about laws and regulations that require the release of and the confidentiality of patient information.	
7	Patients are informed about their rights and responsibilities related to refusing or discontinuing treatment and seeking a second opinion.	

SAFETY		
	INFECTION CONTROL	
1.	General: Re-emphasize on Hand Hygiene and maintain once they enter and leave the patient area.	
2.	Brief on "Waste segregation"- Bin lined with yellow bag (Applicable for Isolation cases, Maternity & Paediatric Ward)	
3.	For Isolation cases Visitors are discouraged from entering isolation rooms of patients with air borne and droplet contact. They are expected to wear PPE and maintain Hand Hygiene once they enter and leave the area. Brief caregiver on standard precaution, which include use of PPE and Hand Hygiene that apply in all activities.	
1	Brief on 'Fall Prevention Measure' such as cot bed for baby, bed/cot railings, wearing of non-slip footwear and alert sign.	
2	Inform family members the requirement to put the baby in the cot bed at all times to prevent from fall incident.	
3	Brief and show on evacuation plan, evacuation route and 'fire exit door'.	
4.	Brief on " Smoking, Vaping & Alcohol consumption are prohibited in all common area of the building, including but not limited to hallways, stairways, foyers, common rooms and facilities, fire escapes, decks, patios, exterior landings, front steps, lawns and gardens, driveway, entrance ways, basements, storage areas and other common building facilities Patient will be held responsible, if violating this clause.	

I, _____, I/C No. _____, certify that I have received and understood the information given by the staff with regards to hospital policy. I hereby acknowledge that hospital will not be liable for any loss/ accidental & incidents injury which occurred due to my own negligence.

 (Patient/ Relative's Signature)

 (Date)

_____ / _____
 (Staff's Name & Signature)

 (Date)