Morning Hospital Round Inspection Checklist

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

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspected by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 1. Ward Environment & Cleanliness

* [ ] Floors are clean and dry
* [ ] Beds and bedding are clean and tidy
* [ ] Waste bins are empty and covered
* [ ] No foul odors present
* [ ] Patient surroundings are clutter-free
* [ ] Disinfection protocols followed (rails, doorknobs, etc.)

## 2. Equipment & Utility Check

* [ ] Oxygen cylinders checked and functional
* [ ] Suction machines tested and ready
* [ ] Emergency trolleys stocked and sealed
* [ ] Defibrillator available and tested
* [ ] Wheelchairs/stretchers clean and accessible
* [ ] Functional lights, fans, and AC units

## 3. Patient Monitoring & Documentation

* [ ] Vitals monitored and recorded timely
* [ ] Nurse notes updated for each patient
* [ ] Medication charts complete and verified
* [ ] Diet instructions are being followed
* [ ] Fall risk patients marked and precautions in place
* [ ] Consent forms and documentation up-to-date

## 4. Staff Presence & Readiness

* [ ] Nurse station staffed and active
* [ ] Duty roster followed
* [ ] Handover from night shift completed
* [ ] Doctors’ rounds started/on schedule
* [ ] Housekeeping staff present and uniformed
* [ ] Attendants wearing ID badges

## 5. Medication & Pharmacy

* [ ] Medicines labeled and stored properly
* [ ] Expiry dates checked
* [ ] Narcotic drugs under lock and documented
* [ ] Antibiotic usage documented with justification
* [ ] Emergency medications available

## 6. Patient Interaction

* [ ] Patients aware of their care plan
* [ ] Any patient complaints addressed
* [ ] Patients’ hygiene maintained
* [ ] Call bells functional and within reach
* [ ] Patient satisfaction feedback collected (if scheduled)

## 7. Safety & Compliance

* [ ] Fire exits clear and labeled
* [ ] Fire extinguisher present and valid
* [ ] Infection control signage and materials available
* [ ] PPE used as per protocol
* [ ] No physical or electrical hazards noticed
* [ ] Biomedical waste disposed as per guidelines

## 8. Inventory & Supplies

* [ ] Adequate stock of gloves, masks, sanitizers
* [ ] Linen availability checked
* [ ] Soap and hand rub dispensers filled
* [ ] Central supply/demand requests submitted (if needed)

## Remarks/Observations

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Nurse In-Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_