

Rounding with the 4 P's

Potty, Pain, Positioning, Personal Items

Systematic rounding to meet individual resident needs related to toileting, pain, positioning and placement of personal items benefits both residents and nursing staff. Rounding is not looking in from the doorway to check in on the resident. It is addressing all of the 4 P's in a manner specific for the individual person. In some cases this process may be hourly during the day. The timing is related to specific patterns and needs of the resident. For example, hourly rounding may be instituted for newly admitted residents as well as for a resident with dementia who has unsafe behavior related to toileting.

Rounding with the 4 P's is a change in the way we deliver nursing care. Regular, more frequent rounding is proactive; it meets residents' needs before they ask for assistance. Or for those with cognitive impairment, frequent rounding may meet the resident's need before an unsafe behavior occurs. This type of rounding is different from reactive nursing care where staff respond after the resident calls or the behavior occurs. In reality, proactive rounding may take less time than answering call lights and responding to unsafe behaviors later after occurrence.

Hospital patients and nursing home residents/families attach a great deal of importance to timely staff response. Positive resident and family satisfaction are related to promptly answered call lights.

For the 75% of nursing home residents with some form of cognitive impairment, the call light may not be an effective method of communication. Why rely upon something that doesn't work?

Potential benefits of rounding with the 4 P's include:

- Reduced call light usage
- Reduced fall risk
- Reduced pressure ulcers
- Improved pain management
- Improved resident satisfaction
- Improved nurse and CNA satisfaction
- Improved resident and family satisfaction with nursing care

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1. **Potty** – Unsafe behaviors related to toileting are one of the most common reasons why residents fall. Rounding with the 4 P's is an important way to manage fall risk associated with urinary urgency and frequency. Many residents may need prompting to void as well as special approaches based on voiding patterns and incontinence. This is especially true for residents with cognitive impairment and those with urinary symptoms of urgency and frequency.
 2. **Pain** – When asking the resident if they are experiencing pain, use of a pain scale will help to determine level more accurately over time. For those residents with moderate to severe dementia, staff will need to assess for grimacing, mood changes, and other behaviors which may indicate pain. Pain should be reported to the nurse immediately and managed appropriately with round the clock medication whenever possible.
 3. **Positioning** – Evaluating the resident for comfort and proper alignment is an important way to reduce the risk of skin breakdown, improve function, and promote the resident's well being. Proper positioning in the bed, chair, and wheelchair should be included. Seating adaptations, pillows, special mattresses and other items should be available and used for proper positioning to promote comfort and the highest level of functioning possible.
 4. **Personal Items/Possessions** – Placement of the bedside table, eye glasses, water pitcher, call light, phone, tissues, trash can, TV remote, photos, and any other frequently used items should be kept within easy reach of the resident.

Explain when you will return to check in and ask, “Is there anything else I can do for you before I leave?”

5th Question - Some facilities add a 5th question for hunger. Asking the resident if they are hungry or thirsty is an excellent way to ensure adequate food intake and hydration.