

# CDU<sup>1</sup> Rounding Principles

Emory Healthcare

## **Rounding principles:**

1. **Round at the beginning of each shift** - CDU rounds are comparable to having a patient signed out to you at shift change. The beginning of a shift is the time to get “sign out”, examine the patient, give orders, make dispositions, and assign your name to each patient on the CDU tracking board. The compelling question should be “why is this patient still here?” Patient’s who have not clinically “declared themselves” by 15-18 hours are unlikely to leave and a disposition should be made. Morning rounds are busiest, afternoon are lightest (average census is lowest) and evening rounds may be chart review only unless a patient is likely to be discharged.
2. **Who to round on** - Round on all patients that are new or have not had a disposition made. However, if a patient has already been seen, discharged or admitted, and all observation discharge paperwork completed then that patient does not need to be seen.
3. **What to do** – review the chart (ie. ED H/P, transfer of care paperwork, labs, x-ray reports, consults, test results), take report from the CDU nurse / AP, examine the patient (focused on why they are in the CDU), and document / communicate your findings and plan with the CDU team. Discharge / admit patients as needed (with AP if present).
4. **CDU (observation) discharge summary** - This must cover all four CPT documentation elements:
  - a. Clinical course in the unit
  - b. A final examination (focused)
  - c. Instructions for continuing care (outpatient or inpatient)
  - d. Preparation of discharge (or admission) records