The nurse’s role in hospital ward rounds

In this article...
► Why ward rounds are necessary
► Stages of the ward round process
► The nurse’s role on a ward round

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Ward rounds are an essential aspect of good-quality care. Nurses play a vital and central role in the process.

5 key points
1. Ward rounds provide a link between patients' admission to hospital and their discharge or transfer elsewhere.
2. Nurses have a vital role in ward rounds and should make it a priority to attend.
3. Ensuring patients/carers are fully involved in care decisions is a nursing responsibility.
4. When patients are transferred or discharged, nurses ensure information is communicated to the next stage in the pathway.
5. A rushed round or one with no nurse present will have a negative effect on the team.

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Ward rounds are a crucial aspect of acute care, but nurses’ involvement varies. While their responsibilities on ward rounds may vary from ward to ward, nurses have a vital role to play and should make it a priority to attend. This article discusses key aspects of nurses’ responsibilities and the different stages in the ward-round process.

Ward rounds are an established, but sometimes fragmented, core activity of inpatient care during which decisions are made and tasks allocated that aid the daily running of wards. They require a well-organised multidisciplinary team to take part in the rounds, and nurses play an essential role in their smooth running. In 2012 the first integrated guidelines for ward rounds were published, giving best-practice recommendations (Royal College of Physicians and Royal College of Nursing, 2012).

A ward round is an essential organisational process providing a link between patients’ admission to hospital and their discharge or transfer elsewhere. In the absence of ward rounds there would be inertia in the patient flow, particularly for unplanned (emergency) activity for which the preplanning of care is not always possible (RCP, 2012a).

The emphasis on rounds and frequency within individual wards will vary according to patient acuity and the volume of admissions, discharge and transfers received by the area. Ward rounds provide a huge opportunity for interprofessional learning and informal continuing professional development not only for junior doctors in training but also for the whole multidisciplinary team (RCP, 2012b).

Ward round or individual patient review?
The traditional ward round, which took place perhaps once a week, is outdated. Rounds now take place more frequently – sometimes twice a day – to reflect the pace of patient turnover.

It is important to distinguish between ward rounds and ad-hoc individual clinical reviews of individual patients: unlike clinical reviews, ward rounds should involve the multidisciplinary team, while individual clinical reviews – which are additional to ward rounds – take place when the registrar or another specialist (perhaps a consultant or nurse specialist) needs to review specific investigations with the patient in question. Ward rounds have a number of characteristics, which are discussed below.

Stages of a ward round
There are three distinct stages to ward rounds, each of which has equal importance.

Antecedents (before)
Key activities before a ward round takes place are:
» Establishing results of investigations;
» Preparing patients – in most cases this