settings depends on the nurses who participate in the ward round, making sure all relevant information is communicated to the next stage of the pathway (Hindmarsh and Lees, 2012). This may involve the following:

» Noting any ongoing investigations and communicating these to the patient and team;

» For patient transfers, documenting any incomplete investigations/actions on a handover checklist;

» For patient discharges, documenting any relevant information on the discharge checklist (NHS Institute for Innovation and Improvement, 2009; Lees et al, 2006; Department of Health, 2004);

» For specialty referrals, completing a management plan indicating any next steps in the care pathway.

The aim is to promote transparency and continuity, and to reduce potential duplication or omissions of care during transitions.

**Informativ**

Nurses also play a crucial role in ensuring patients have realistic expectations of ward rounds, and receive and understand all the relevant information about their care. Where possible, patients should be actively involved in making decisions about their care rather than being passive recipients. In order to execute this process, nurses should:

» Reiterate information during or after a ward round;

» Prepare the patient for the next steps in the care pathway;

» Explain anything (along the way) that the patient may not understand;

» Encourage the patient to ask questions or express concerns;

» Report back to the nursing team.

**Organiser**

All team members will have their own jobs to complete during the ward round. Organising the outputs emerging from ward rounds ensures nurses can assess, progress and communicate as needed to the family, bed managers, care agencies and social-work team – depending on the complexities of patient care. The organisation of activities can involve:

» Delegating effectively to different team members;

» Arranging transport and medication to take home;

» Requesting specific items of equipment that are required;

» Organising care packages.

Nurse-centred

Nurses at the bedside during ward rounds must be clinically competent to understand and anticipate the complexities of multifaceted patient situations, and able to view the patient and carer situation holistically rather than as a series of unrelated tasks. Systems such as team nursing, task-allocated nursing or primary nursing may require some adaptation but for nurses to properly represent their patients, they should be one of the following:

» A nurse responsible for a bay or allocated number of patients, who will undertake the ward round for those patients;

» A nurse in charge of a whole ward or unit who is clinically overseeing all areas of the ward and will feed back to nurses after the ward round;

» A nurse who is not responsible for any patients but is acting in a coordinating capacity for the shift and will be responsible for feeding back information after the ward round to the nurses who are in those bays.

In each of the above functions, having a nurse at the bedside during ward rounds is pivotal to enable and empower the team. Although there will be some variation according to how the ward is organised and how the nursing team works, the nurse will focus on the “here and now” during the ward round, and anticipate and respond to related actions.

**Conclusion**

Nurses and the multidisciplinary team are central to ward rounds. Although this article has attempted to define the core nursing activities involved in ward rounds, nurses will delegate and/or lead the actions that arise. The energy created by a well-run ward round will resonate across a whole ward team, while a rushed round or one that has no nurse presence will have a negative effect, such that related actions may be fragmented.

In busy ward environments it is a constant balancing act to prioritise the jobs that need to be done within the ward routine; if, however, nurses lead by example and are present on ward rounds, it is likely that discipline will be instilled in the entire team and an expected standard of practice for this core activity created.

**References**


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