

## Patient Encounter Standard

**GOAL:** This standard is developed, based on evidence, to guide delivery of patient care consistent with LUHS' Philosophy of Nursing Care. To that end this standard requires a patient contact hourly that meets this standard. This contact should be completed during routine care visits and when no care required shall be determined between the RN and PCT as to which one will be responsible to complete this visit. The outcomes will include creating a positive patient experience, improved patient safety and quality care as well as decreasing the number of call lights.

**DAILY:** The RN will sit with the patient for five minutes at the beginning of the shift to discuss goals/activities for the day and to listen to patient's expectations.

### **STANDARD:**

Knock and introduce yourself to the patient. Call the patient by the patient's preferred name. Close the door and/or curtain to maintain privacy when appropriate for procedures or conversations. State the reason you are in the room and ask the patient if this is a convenient time.

Complete regularly scheduled tasks like vital signs, glucose checks, medication administration etc. Attend to the patient's personal hygiene needs by offering to assist to the bathroom or offering the bedpan.

Ask the patient: Are you comfortable? (Warm? Cold? Positioning)  
(If they are awake)\* What is your pain level?  
Is there anything you need at this time?

Reposition the patient—Patients should be repositioned if they are on complete bed rest, have limited mobility and/or have not repositioned themselves in awhile. This may include assisting them sit up in a chair, ambulating to the bathroom, or turning.

Position the environment for patient safety and comfort:

Is the white board up to date with the correct RN and PCT name for this shift?

Can the patient reach the: Call light  
Over bed table  
Tissue  
Telephone  
Trash can  
Urinal

Is there an uncluttered, straight path to the bathroom for the patient?

Straighten the room, removing sharps and put trash in the garbage

Tell the patient, I (or someone from the nursing staff) will be back in an hour.

Ask "Is there anything else I can do for you before I go?"

### **\*Night shift or when the patient is sleeping:**

- Wake the patient if care or specific assessment is needed.
- Allow the patient to sleep and do a quiet visual assessment and environmental assessment if the patient is asleep.
- However, if the patient lifts his/her head when you are entering the room, stop and speak quietly to the patient to see if they are awake or in need of something.