

Postoperative Management of the Frail Patient Rounding Checklist:

- Delirium and Cognition
 - Pain control
 - Optimize physical environment
 - Sleep hygiene
 - Sleep protocol
 - Minimize tethers
 - Family at bedside
 - Vision and hearing aids accessible
 - Remove catheters
 - Monitor for substance withdrawal syndromes
 - Minimize psychoactive medications
 - Avoid potentially inappropriate medications per BEERS protocol
- Perioperative acute pain
 - Ongoing education regarding safe and effective use of pain management treatment options
 - Directed pain history
 - Multimodal, individualized pain control
 - Vigilant dose titration
- Pulmonary complications
 - Chest PT and incentive spirometry
 - Early mobilization/ambulation
 - Aspiration precautions
- Fall risk
 - Universal fall precautions
 - Vision and hearing aids accessible
 - Scheduled toileting
 - Appropriate treatment of delirium
 - Early mobilization/ambulation
 - Early physical/occupational therapy if indicated
 - Assistive walking devices
- Ability to maintain adequate nutrition
 - Resume diet as early as feasible
 - Dentures made available
 - Supplementation if indicated
- UTI prevention
 - Daily documentation of Foley catheter indication
 - Catheter care bundles, hand hygiene, barrier precautions
- Functional decline
 - Care models and pathways
 - Uncluttered hallways, large clocks and calendars
 - Multidisciplinary rounds
 - Early mobilization and/or PT/OT

- Family participation
- Nutritional support
- Minimize patient tethers
- Pressure ulcers
 - Reduce/minimize pressure, friction, humidity, shear force
 - Maintain adequate nutrition
 - Wound care