Early Recognition & Response for Risk and Harm Reduction

**A, B, C, In & Out, PS**

*Rapid* Patient Assessment Rounds

**A:** Airway

Is airway patent?  
Patient positioned for ideal breathing?

**B:** Breathing

Rate  
Rhythm  
Effort  
Depth

**C:** Circulation

Skin color  
Skin temperature  
Quick-check radial pulse strength

**IN:** What's Going IN? (Start at patient, follow to source)

Verify solution (additives), volume TBA, flow rate (verify pump settings)  
Check tubing for kinks, tension, connections  
Quick-check inspect IV entry sites  
Supplemental O₂ delivery (device, liter flow)  
Tube feedings  
Wound / bladder irritation

**OUT:** What's Coming OUT? (Start at patient, follow to source)

Drainage on dressings (note/mark color, amount)  
Drainage in tubes- urinary, wound, chest tubes

**P:** Pain

Depth of assessment depends on reported data  
Ask general question about patient's comfort level  
If pain reported, evaluate via pain scale (0-10)  
Ask about what actions increase comfort level

**S:** Safety

Quick-check: fall risk?  
Side rails up as appropriate? Call light within reach?  
Personal items within reach?  
Restraints (if used) properly applied?  
Bed in low position, wheels locked?  
Immediate area clutter-free?  
Beds/chairel alarm as appropriate?