4 Ps Checklist (Hourly Rounding Log)

Purpose

Use this tool to better understand a resident's needs, routines, and risk factors. The information collected can help inform individualized care planning and targeted interventions for falls prevention, pressure injury prevention, behavior management, and other resident-specific needs.

Instructions

For 72 hours, assess the 4 Ps at least every hour and document your observations on the tracking tool below. Record findings for each of the 4 Ps, including any concerns identified and interventions provided. Once the observation period is complete, review the findings with the interdisciplinary team to identify patterns, opportunities for improvement, and individualized care interventions.

Guidance for the 4 Ps:

- **PAIN:** Document any signs or reports of pain, discomfort, or distress. Note the location, severity (if known), and any interventions provided, along with the resident's response.
- **POTTY:** Document toileting needs, continence status, requests for bathroom assistance, and whether briefs were wet or soiled. Record any assistance or interventions provided.
- **POSITIONING:** Document the resident's position, comfort level, and any need for repositioning. Note any pressure concerns, mobility challenges, or positioning interventions implemented.
- **POSSESSIONS:** Document whether frequently used items were within reach (e.g., call light, glasses, hearing aids, water, phone, personal belongings). Note what the resident was using and any interventions needed to improve access, safety, or comfort.

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Resident Name: _____ **Room:** _____ **Date:** _____

Hour	PAIN Score/Addressed	POTTY Assisted/Checked	POSITION Turned/Comforted	POSSESSIONS In Reach/Call Light/Water	Initials
6:00 AM					
7:00 AM					
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					
5:00 PM					
6:00 PM					
7:00 PM					
8:00 PM					
9:00 PM					
10:00 PM					
11:00 PM					
12:00 AM					
1:00 AM					
2:00 AM					
3:00 AM					
4:00 AM					
5:00 AM					

Staff Initials: _____ **Signature:** _____ **Title:** _____