**Supplemental Material**

**Table of contents**

**Table**

Supplemental Material, Table S1. Rounding checklist…………………..………………….Page 2

**Table S1**. ICU rounding checklist used for data collection.

|  |  |
| --- | --- |
| Delirium assessed | Yes/No |
| Patient intubated | Yes/No |
| Daily awakening | Yes/No/not applicable |
| Spontaneous breathing trial | Yes/No/not applicable |
| Nutrition at goal | Yes/No |
| Bowel movement in past 24 hours | Yes/No |
| Blood sugars <180 | Yes/No |
| Need for TLC | Yes/No |
| Does patient have a foley catheter | Yes/No |
| Foley catheter still indicated | Yes/No |
| Order for foley placed | Yes/No |
| Is patient ready for voiding trial | Yes/No |
| Is patient in restraints | Yes/No |
| Not for restraints with face to face documented | Yes/No |
| Patient appropriate for PT/OT | Yes/No |
| PT/OT orders placed | Yes/No |
| GI prophylaxis | Yes/No/not applicable |
| VTE prophylaxis | Yes/No/already anticoagulated/not indicated |
| Medications reviewed | Yes/No |
| Nurse present on rounds | Yes/No |
| All orders placed on rounds | Yes/No |