

# Nursing Change of Shift Report Template



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## 1. Basic Information

Date			
Shift Start Time		Shift End Time	
Nurse Name			
Patient Room / Bed Number			

## 2. Patient Information

Patient Name	
Patient ID Number	
Primary Diagnosis	
Allergies	
Code Status	

## 3. Patient Status Overview

Vital Signs	
Pain Level	
Mental Status	
Mobility	

## 4. Recent Changes and Events

Medications Administered	
Treatments Performed	
New Symptoms / Complications	
Interventions	

## 5. Care Plan Updates

Scheduled Procedures	
Diet / Nutrition	
Activity Restrictions	
Patient Goals	

## 6. IV Access and Medications

IV Sit and Status	
Current IV Medications	
Scheduled Medications	

## 7. Patient Care Summary

Wound Care	
Respiratory Support	
Special Equipment	
Other Treatments	

## 8. Discharge Planning and Social Work

Estimated Discharge Date	
Follow-Up Appointments	
Family / Visitor Updates	
Social Work / Case Management	

## 9. Handover

Handover To (Incoming Nurse)	
Important Alerts	
Pending Tasks	

## 10. Sign-Off

Outgoing Nurse Signature	
Incoming Nurse Signature	
Date and Time of Report Completion	



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