End of Shift Report

Patient's full name: _____ Attending nurse/physician's full name: _____

Shift: _____

PATIENT CARE SUMMARY

I. Patient overview

II. Medication administration

III. Assessments or diagnostic tests conducted

IV. Procedures performed

CRITICAL INCIDENTS AND CHALLENGES

I. Critical incidents that occurred

II. Challenges faced while dealing with critical incidents

III. Solutions and strategies that helped with overcoming critical incidents

SHIFT FEEDBACK AND RECOMMENDATIONS

I. Feedback on team collaborations

II. Recommendations for the next shift personnel

CLOSING THOUGHTS

I. Personal reflection

II. Additional notes

Attending nurse/physician's signature:

Date: _____ dd / mm / yyyy