Nursing Handoff Report

PATIENT INFORMATION

Name: _____ Healthcare number: _____

Location: _____ Date admitted: _____ dd / mm / yyyy

Current date: _____ dd / mm / yyyy Ward/team: _____

Current shift: _____ Current shift leader: _____

Next shift leader: _____

SITUATION

Current condition/status:

Recent actions:

Current medication:

Additional information:

BACKGROUND

Relevant medical history:

Relevant personal needs:

Past medication requirements:

Family support:

Additional information:

ASSESSMENT:

Current issues/risks/concerns:

Current and anticipated needs:

Vital signs:

Patient concerns:

Additional information:

RECOMMENDATIONS

Required/recommended future actions:

By when: _____

Required medication:

By when: _____

Additional information

Shift leader (signature):

Shift leader taking over (signature):