Nursing Shift Report

Nurse's Name: _____ Date: _____ dd / mm / yyyy

Shift

- [ ] Morning
- [ ] Afternoon
- [ ] Night

List of patients assigned

Brief summary of each patient's condition

Any critical incidents

Medications given during the shift

Details of procedures or treatments carried out

Updates on patient conditions

Information received from previous shift

Key points for the next shift

Concerns about patient care or safety

Equipment or supply issues

Observations

Patient and Family Interactions

Team Dynamics

Personal Reflections

Safety and Quality Concerns

Name: _____ Date & Time: _____