

## NURSE-TO-NURSE HAND-OFF REPORT

<b>SITUATION</b>	Admission/Transfer Date:		Service:		
	Patient Name:		Age:	Date of Birth	
	Report Given by: Facility/Unit:		Report received by:		
	Medical/Psychosocial History:				
	Diagnosis/Chief Complaint:				Code Status:
	Family Contact:			Family/Significant Other(s) aware of transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>BACKGROUND</b>	Alerts: <input type="checkbox"/> Fall Risk <input type="checkbox"/> Restraints (type): _____ <input type="checkbox"/> Other: _____				
	<input type="checkbox"/> Infection/Special Precautions: _____				
	Allergies:		Current Medications:		
	Labs/Tests:				
	Procedures/Interventions/Consults & Results:				
<b>ASSESSMENT</b>	Vital Signs: T _____ P _____ R _____ BP _____ WT _____				
	O <sub>2</sub> SAT _____ on _____ Rhythm (if applicable) : _____				
	Level of consciousness:		Heart Sounds:		Lung Sounds:
	Nutrition/Oral Intake/Fluids/IV's: IV Access/Fluid: _____ @ _____ IV Access/Fluid: _____ @ _____				
	Intake: _____ Output: _____				
	Last BM:		Urine Output/Foley:		
	Pain/Discomfort:		Pain Scale (0-10):		
	Skin/Wound:		Mobility/Activity:		
	<b>RECOMMENDATIONS</b>	Anticipated changes in the patient's condition and estimated time of arrival (ETA):			
		Patient/Family Knowledge of Condition/Educational Needs:			
Special equipment/supplies:					
Additional Information (see reverse side):					

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COMMENTS: \_\_\_\_\_

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