NURSE-TO-NURSE HAND-OFF REPORT

SITUATION

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? ☐ Yes ☐ No	

BACKGROUND

Alerts: ☐ Fall Risk ☐ Restraints (type): ____________________ ☐ Other: ____________________

☐ Infection/Special Precautions: ____________________

Allergies:	Current Medications:
Labs/Tests:	
Procedures/Interventions/Consults & Results:	

ASSESSMENT

Vital Signs: T _______ P _______ R _______ BP _______ WT _______

0_2 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:

RECOMMENDATIONS

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):

NURSE-TO-NURSE HAND-OFF REPORT

COMMENTS: ____

____

____

____

____

____

____

____

____

____

____