

Nursing Handoff Report

Patient information

Name:

Healthcare number:

Location:

Date admitted:

Current date:

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):