

# Nursing Handoff Report

<b>Patient information</b>
<b>Name:</b>
<b>Healthcare number:</b>
<b>Location:</b>
<b>Date admitted:</b>
<b>Current date:</b>
<b>Ward/team:</b>
<b>Current shift:</b>
<b>Current shift leader:</b>
<b>Next shift leader:</b>
<b>Situation</b>
<b>Current condition/status:</b>
<b>Recent actions:</b>
<b>Current medication:</b>

**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):**