


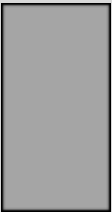


# SBAR SHIFT →SHIFT REPORT

This form is to assist in performing complete, precise patient hand off from shift to shift.

	<p><b><u>Situation</u></b></p> <p>Patient Name: _____ Room: _____ Age: _____ Sex: _____</p> <p>Level of Care: _____</p> <p>Physician: _____</p> <p>Admitted from: _____ (home, nursing home, assisted living, etc.)</p>
	<p><b><u>Background</u></b></p> <p>Admission Diagnosis: _____</p> <p>Date of Surgery (if applicable): _____</p> <p>Pertinent past medical history: _____ (hypertension, CHF, etc.)</p>
	<p><b><u>Assessment</u></b></p> <p>Code Status: _____ (advance directives, DNR, POA for health care)</p> <p>Abnormal V.S. _____</p> <p>IV site – lock/fluids/site/drips/when to change IV site: _____</p> <p>Procedures done in the last 24 hours (include any known results): _____</p> <p>Abnormal Assessments: _____ _____ _____</p> <p>Current pain score: _____ What has been done to manage this plan: _____ _____</p> <p>Safety needs/fall risk /skin risk, etc.: _____</p>
	<p><b><u>Recommendation</u></b></p> <p>Needed changes in the plan of care? (diet, activity, medication, consult): _____ _____</p> <p>What are you concerned about? _____</p> <p>Discharge Planning: _____</p> <p>Pending labs/x-rays, etc: _____</p> <p>Call out to Dr. _____ about _____</p> <p>What the next shift needs to be aware of: _____</p>