

## RN-RN Shift Handoff Checklist

### S (Situation)

Reason for admission  
Contact Information  
Allergies  
Current attending/resident

### B (Background)

Status of advanced directives/ code status  
Pertinent medical history  
Brief overview of hospital/ICU course  
Labs: abnormal this shift and pending or to do next shift  
Tests/procedures: current shift and anticipated for next shift  
Current Problems: medical and nursing

### A (Assessment)

VS/pain past 24hours/shift  
Neuro  
CV  
Respiratory  
GI/GU (include I and O)  
Skin  
Mobility  
Patient safety issues-current and anticipated  
Medication concerns and updates

### R (Recommendation)

Pending/anticipated tests and procedures  
Other concerns  
Current and anticipated family issues  
Pending patient/family education needs  
Status of current shift goals/problems  
Anticipated Goals/problems for next shift  
Other TO DOs/ Do you have any questions?  
Patient/Nurse introduction  
Joint review of lines/drips, neuro check etc.

32012-002 N 11/09 (M)

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