

| | | | | | | | | |
|------------------------------|----------|-----------|------------------------------|------|-----------|------|------|------|
| 0900: Assessment Charting | | 8 P/O | 0900: Assessment Charting | | 8 P/O | | | |
| | | 10 P/O | | | 10 P/O | | | |
| | | 12 P/O | | | 12 P/O | | | |
| | | 14 P/O | | | 14 P/O | | | |
| | | 16 P/O | | | 16 P/O | | | |
| | | 18 P/O | | | 18 P/O | | | |
| 0900: Assessment Charting | | 8 P/O | 0900: Assessment Charting | | 8 P/O | | | |
| | | 10 P/O | | | 10 P/O | | | |
| | | 12 P/O | | | 12 P/O | | | |
| | | 14 P/O | | | 14 P/O | | | |
| | | 16 P/O | | | 16 P/O | | | |
| | | 18 P/O | | | 18 P/O | | | |
| 0900: Assessment Charting | | 8 P/O | 0900: Assessment Charting | | 8 P/O | | | |
| | | 10 P/O | | | 10 P/O | | | |
| | | 12 P/O | | | 12 P/O | | | |
| | | 14 P/O | | | 14 P/O | | | |
| | | 16 P/O | | | 16 P/O | | | |
| | | 18 P/O | | | 18 P/O | | | |
| CarePlan | CareView | Acuties | 0800 | 1000 | 1200 | 1400 | 1600 | 1800 |

John Simmons

Date: _____

Nurse SBAR Handoff Sheet

Room # _____

| | | | | | | | | | | |
|---------------------------------------|---|--|---|------------------------------|--|--------|--------|-----|-----|------|
| S | Pt Sticker | | **Allergies: | | **Consulting Physicians: | | | | | |
| | **Admission Dx: | | **Special Needs: Blind, Deaf or Language | | Psych Consult/Referral | | | | | |
| B | **Significant History: | | **Isolation: Type: _____ Reason: _____ | | Location: _____ | | | | | |
| | Surgeon: _____ | | POD# _____ | | Restraints: _____ | | | | | |
| | Surgery: _____ | | EBL: _____ | | **Morse Fall Risk Score: _____ | | | | | |
| | | | Vaccine: Flu _____ Pneumonia _____ | | | | | | | |
| A | Cardiac: | | Pain/Sedation Level: | | | | | | | |
| | **Current Vital Signs: | | EKG _____ | | A&O: _____ | | | | | |
| | **Heart Rhythm: | | Tele Box # _____ | | **Meds: Type & Last Dose | | | | | |
| | Daily Weight: _____ | | SCD's per Protocol? _____ | | | | | | | |
| | Pulmonary: Breath Sounds/Secretions _____ | | **Activity: | | Accuchecks _____ | | | | | |
| | O2 Sat% _____ | | BR _____ | | Frequency _____ | | | | | |
| | Breathing Tx: _____ | | BRP _____ | | Last BS _____ | | | | | |
| | GU: _____ | | Date Foley Inserted, Reassessment, D/C: _____ | | Drains: _____ | | | | | |
| | Output: _____ | | Bladder Irrigation? _____ | | Location: _____ | | | | | |
| | **IV Location? | | Date Inserted, Reassessment, D/C: _____ | | Skin Photo at Admit? _____ | | | | | |
| CVL/PICC? _____ | | | | **Pending Orders/Labs | | | | | | |
| **IVF: | | **Pt on Vancomycin? Trough Ordered? _____ | | | | | | | | |
| | | **Pt on Heparin Drip or TPN? | | | | | | | | |
| Medications: | | Shift Plans: _____ | | | | | | | | |
| *Med Rec Updated and Complete? | | | | | | | | | | |
| **Abnl or Alert Labs | Na | Cl | BUN | GlU | Mg | BNP | PT/INR | Hct | WBC | CXR |
| | K | Co | Cr | Ca | Phos | Ddimer | PIT | Hgb | RBC | CT |
| | Trop | 1 | 2 | 3 | Cultures | | | UA: | | MRI |
| | Lactic Acid | 1 | 2 | 3 | Blood Band # | | | | | ECHO |
| R | D/C Plan: patient/family notified of plan? _____ | | D/C by Noon? _____ | | **Core Measure Pt? Use separate CM sheet. | | | | | |
| | D/C to: Home _____ Nsg Home _____ Rehab _____ LTAC _____ | | | | Stroke _____ MI _____ CHF _____ | | | | | |
| | Any D/C Therapies? HH _____ PT _____ IV Meds _____ | | | | SCIP _____ Sepsis _____ Pneumonia _____ | | | | | |
| | Have all physicians been notified? _____ | | | | Any Triggers? _____ | | | | | |

Nurse SBAR Handoff Sheet

Room # _____

| | | | | | | | | | | |
|---------------------------------------|--|---|---|---|--|--------|--------|-----|-----|------|
| S | <u>Pt Sticker</u> | | **Allergies: | | **Consulting Physicians: | | | | | |
| | **Admission Dx: | | **Special Needs: Blind, Deaf or Language | | Psych Consult/Referral | | | | | |
| B | **Significant History: | | **Isolation: Type: _____ Reason: _____ | | Location: _____ | | | | | |
| | <u>Surgeon:</u> _____ | | POD# _____ | | Restraints: _____ | | | | | |
| | <u>Surgery:</u> _____ | | EBL: _____ | | **Morse Fall Risk Score: _____ | | | | | |
| | | | Vaccine: Flu _____ Pneumonia _____ | | | | | | | |
| A | Cardiac: | | <u>Pain/Sedation Level:</u> | | | | | | | |
| | **Current Vital Signs: | | EKG _____ | | A&O: _____ | | | | | |
| | **Heart Rhythm: _____ | | Tele Box # _____ | | EF % _____ | | | | | |
| | Daily Weight: _____ | | SCD's per Protocol? _____ | | **Meds: Type & Last Dose | | | | | |
| | DVT Prophylaxis: _____ | | | | | | | | | |
| | Pulmonary: _____ | | Breath Sounds/Secretions _____ | | **Activity: | | | | | |
| | O2 Sat% _____ | | | | BR _____ | | | | | |
| | Breathing Tx: _____ | | | | BRP _____ | | | | | |
| | | | | | OOB/Assist _____ | | | | | |
| | | | | | OOB/PT _____ | | | | | |
| | | | | Accuchecks _____ | | | | | | |
| | | | | Frequency _____ | | | | | | |
| | | | | Last BS _____ | | | | | | |
| GI: | | NG _____ | | **Diet: | | | | | | |
| Bowel Sounds _____ | | Last BM _____ | | GI Prophylaxis: _____ | | | | | | |
| GU: | | **Foley or Void _____ | | Date Foley Inserted, Reassessment, D/C: _____ | | | | | | |
| Output: _____ | | Bladder Irrigation? _____ | | | | | | | | |
| **IV Location? _____ | | Date Inserted, Reassessment, D/C: _____ | | | | | | | | |
| CVL/PICC? _____ | | | | | | | | | | |
| **IVF: _____ | | **Pt on Vancomycin? _____ | | Trough Ordered? _____ | | | | | | |
| | | **Pt on Heparin Drip or TPN? _____ | | | | | | | | |
| Medications: | | Shift Plans: _____ | | | | | | | | |
| *Med Rec Updated and Complete? | | | | | | | | | | |
| **Abnl or Alert Labs | Na | Cl | BUN | GlU | Mg | BNP | PT/INR | Hct | WBC | CXR |
| | K | Co | Cr | Ca | Phos | Ddimer | PIT | Hgb | RBC | CT |
| | Trop | 1 | 2 | 3 | Cultures | | | UA: | | MRI |
| | Lactic Acid | 1 | 2 | 3 | Blood Band # | | | | | ECHO |
| R | D/C Plan: patient/family notified of plan? _____ | | D/C by Noon? _____ | | **Core Measure Pt? Use separate CM sheet. | | | | | |
| | D/C to: _____ | | Home Nsg Home Rehab LTAC | | Stroke MI CHF | | | | | |
| | Any D/C Therapies? | | HH PT IV Meds | | SCIP Sepsis Pneumonia | | | | | |
| | Have all physicians been notified? _____ | | | | Any Triggers? | | | | | |

Nurse SBAR Handoff Sheet

Room # _____

| | | | | | | | | | | |
|---------------------------------------|---|--|---|------------------------------|--|--------|--------|-----|-----|------|
| S | Pt Sticker | | **Allergies: | | **Consulting Physicians: | | | | | |
| | **Admission Dx: | | **Special Needs: Blind, Deaf or Language | | Psych Consult/Referral | | | | | |
| B | **Significant History: | | **Isolation: Type: _____ Reason: _____ | | Location: _____ | | | | | |
| | Surgeon: _____ | | POD# _____ | | Restraints: _____ | | | | | |
| | Surgery: _____ | | EBL: _____ | | **Morse Fall Risk Score: _____ | | | | | |
| | | | Vaccine: Flu _____ Pneumonia _____ | | | | | | | |
| A | Cardiac: | | Pain/Sedation Level: | | | | | | | |
| | **Current Vital Signs: | | EKG _____ | | A&O: _____ | | | | | |
| | **Heart Rhythm: | | Tele Box # _____ | | **Meds: Type & Last Dose | | | | | |
| | Daily Weight: _____ | | SCD's per Protocol? _____ | | | | | | | |
| | Pulmonary: Breath Sounds/Secretions _____ | | **Activity: | | Accuchecks _____ | | | | | |
| | O2 Sat% _____ | | BR _____ | | Frequency _____ | | | | | |
| | Breathing Tx: _____ | | BRP _____ | | Last BS _____ | | | | | |
| | GU: _____ | | Date Foley Inserted, Reassessment, D/C: _____ | | Drains: _____ | | | | | |
| | Output: _____ | | Bladder Irrigation? _____ | | Location: _____ | | | | | |
| | **IV Location? | | Date Inserted, Reassessment, D/C: _____ | | Skin Photo at Admit? _____ | | | | | |
| CVL/PICC? _____ | | | | **Pending Orders/Labs | | | | | | |
| **IVF: | | **Pt on Vancomycin? Trough Ordered? _____ | | | | | | | | |
| | | **Pt on Heparin Drip or TPN? | | | | | | | | |
| Medications: | | Shift Plans: _____ | | | | | | | | |
| *Med Rec Updated and Complete? | | | | | | | | | | |
| **Abnl or Alert Labs | Na | Cl | BUN | GlU | Mg | BNP | PT/INR | Hct | WBC | CXR |
| | K | Co | Cr | Ca | Phos | Ddimer | PIT | Hgb | RBC | CT |
| | Trop | 1 | 2 | 3 | Cultures | | | UA: | | MRI |
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Nurse SBAR Handoff Sheet

Room # _____

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|---------------------------------------|--|--|---|------------------------------|--|--------|--------|-----|-----|------|
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| | Surgeon: _____ | | POD# _____ | | Restrains: _____ | | | | | |
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Nurse SBAR Handoff Sheet

Room # _____

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