

DISCIPLINE OF NURSING
Hand-Off Communication
Inter-Shift Report Monitor

ASD ()

GPD ()

Unit _____

Date _____

Time _____

Location _____

Please evaluate whether the following indicators were satisfactorily addressed in the report.
Should be completed by the RN receiving report.

	Yes	No	N/A	Comments
Did you receive a verbal shift report from the off-going shift nurse?				
Was coverage available from off-going staff during shift report?				
Did the shift report cover critical issues related to high-risk issues.				
Did the report cover all important mental status changes, medical concerns, and clinical issues necessitating change in observation levels?				
Did the report include a description of significant unit event occurrences from the present and previous shift?				
Did the shift report include an overview of patient specific data related to new admissions, patients requiring admission to or from other hospitals, transfers and discharges?				
Shift report included information concerning patients with chair/bed alarms and/or other medical equipment.				
Were there unnecessary interruptions to the Shift Report?				If yes, how many? _____ What type? phone; patient care needs; staff tardiness; other _____
Suggestions for Improvement:				

RN Giving Report _____

Total staff present Receiving Report: RN _____ LPN _____ MHA/FTS _____

Signature of RN conducting audit _____