

Bedside Shift Report

Patient information	
Name	Age
Diagnosis	Room number
Code status	Emergency contact
General condition	
Vital signs	
Level of consciousness	Pain level
Mobility status	Activity level
Skin integrity	
Skin assessment	
Preventative measures	
Nutrition and hydration	
Diet information	
Hydration details	

Medications

Medication name	Dosage	Frequency	Notes

Pain management**Procedures/tests**

Recent tests

Schedules procedures

Special equipment/assistance

Equipment in use

Assistance needed

Family and social support

Family visits

Support system

Plan of care

Concerns

Plan

Summary

Additional notes

Name of healthcare provider – signature

Date