

# End of Shift Report

**Patient's full name:**

**Date:**

**Attending nurse/physician's full name:**

**Shift:**

## **Patient care summary**

### **I. Patient overview**

### **II. Medication administration**

### **III. Assessments or diagnostic tests conducted**

### **IV. Procedures performed**

<b>Critical incidents and challenges</b>
<b>I. Critical incidents that occurred</b>
<b>II. Challenges faced while dealing with critical incidents</b>
<b>III. Solutions and strategies that helped with overcoming critical incidents</b>
<b>Shift feedback and recommendations</b>
<b>I. Feedback on team collaborations</b>
<b>II. Recommendations for the next shift personnel</b>

**Closing thoughts****I. Personal reflection****II. Additional notes****Attending nurse/physician's signature:****Date:**