

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

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

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