

# Nursing Handoff Report

## Patient Information

Patient Name:

Medical Record Number:

Date of Birth:

Admission Date:

Primary Diagnosis:

Current Health Status:

Medication Name	Dosage	Frequency	Route	Last Administered

## Allergies

## Vital Signs and Trends

Heart Rate:

Blood Pressure:

Respiratory Rate:

**Temperature:**

**Oxygen Saturation:**

## **Recent Interventions and Responses**

**Procedures:**

**Medications Administered:**

**Patient Response:**

## **Diagnostic Tests and Results**

**Laboratory Tests:**

**Imaging Studies:**

## **Upcoming Care Plans**

**Scheduled Procedures:**

**Consultations:**

**Changes in Medications:**

**Other Interventions:**

## **Psychosocial and Emotional Well-being**

**Patient's Emotional State:**

**Support System:**

**Patient's Concerns:**

**Psychosocial Factors:**

## **Special Considerations**

**Mobility Restrictions:**

**Dietary Restrictions:**

**Isolation Precautions:**

**Other Specific Needs:**

## **Signatures**

**Providing Nurse:**

**Receiving Nurse:**

**Date and Time:**