

Nursing Shift Report

Nurse Information	Nurse's Name:
	Date:
	Shift: ___ Morning ___ Afternoon ___ Night
Patient Assignments	List of patients assigned:
	Brief summary of each patient's condition:
Significant Events	Any critical incidents:

Medication Administration	Medications given during the shift:
Procedures Performed	Details of procedures or treatments carried out:
Patient Progress	Updates on patient conditions:
Communication	Information received from previous shift:

	Key points for the next shift:
Concerns/Recommendations	Concerns about patient care or safety:
Miscellaneous Notes	Equipment or supply issues:

Additional Notes

A. Observations

B. Patient and Family Interactions

C. Team Dynamics

D. Personal Reflections

E. Safety and Quality Concerns

Nurse's Signature

Name:

Date & Time: