

ALVARADO HOSPITAL

Student Shift Hand-Off Communication Report

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| <h1 style="font-size: 48px; margin: 0;">S</h1> <p style="margin: 0;">Situation</p> | Patient Name: _____ Age: _____ Sex: _____ Room Number: _____ Admission Date: _____ Physician(s): _____ |
| <h1 style="font-size: 48px; margin: 0;">B</h1> <p style="margin: 0;">Background</p> | Admission Diagnosis: _____ Date of Surgery/Procedure type: _____ Past significant medical history: <input type="checkbox"/> HTN <input type="checkbox"/> DVT <input type="checkbox"/> CHF <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer (type): _____ Other: _____ Allergies: _____ Family/Significant other: _____ |
| <h1 style="font-size: 48px; margin: 0;">A</h1> <p style="margin: 0;">Assessment</p> | <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>The patient's code status is:</p> <input type="checkbox"/> Full code <input type="checkbox"/> DNR <input type="checkbox"/> Limited treatment with <input type="checkbox"/> Intubation <input type="checkbox"/> Arrhythmia treatment with meds per protocol <input type="checkbox"/> Electrical counter shock Cardiac Monitor: _____ </div> <div style="width: 48%;"> <p>Vital signs are:</p> Blood pressure _____ over _____ Pulse _____ Respiration _____ Temperature _____ Pain Score _____ Pain Medication last given _____ O2 Sat _____ O2 therapy _____ GI/GU _____ </div> </div> <p>Mental status/behavior: <input type="checkbox"/> Alert/Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input type="checkbox"/> Lethargic <input type="checkbox"/> Cooperative <input type="checkbox"/> Non-cooperative <input type="checkbox"/> Agitated <input type="checkbox"/> Combative Restraints: <input type="checkbox"/> None <input type="checkbox"/> Non-behavioral <input type="checkbox"/> Behavioral <input type="checkbox"/> Flow sheet current</p> Abnormal assessment findings: _____ Abnormal/critical labs/studies: _____ Procedures done this shift including results/outcomes: _____ IV Site: _____ IV Fluid(s): _____ Site/Dressing change due: _____ Tubes/Drains/Dressings: _____ PT/OT/RT/ST Activity today: _____ Risk: <input type="checkbox"/> Skin <input type="checkbox"/> Fall <input type="checkbox"/> Aspiration Pressure Ulcers/Other Skin Injuries: <input type="checkbox"/> Stage 1 <input type="checkbox"/> Stage 2 <input type="checkbox"/> Stage 3 <input type="checkbox"/> Stage 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Skin tear <input type="checkbox"/> Deep tissue injury <input type="checkbox"/> Diabetic ulcer <input type="checkbox"/> Arterial ulcer <input type="checkbox"/> Venous ulcer <input type="checkbox"/> Perineal dermatitis Isolation: _____ Diet: _____ <input type="checkbox"/> NPO Fluid Restriction _____/24h Education provided: _____ Other: _____ |
| <h1 style="font-size: 48px; margin: 0;">R</h1> <p style="margin: 0;">Recommendation</p> | Changes in plan of care? (diet, activity, medication, consultation/referral) _____ Concerns: _____ Discharge planning needs: _____ Pending labs/x-rays/studies: _____ Education needs/reinforcement: _____ Call(s) out to Dr. _____ about _____ Other: _____ |