

Handoff Sheet

NAME:	AGE/SEX:	ROOM:	CODE STATUS:	ATTENDING:
ISOLATIONS/PRECAUTIONS:	ALLERGIES:	DIET:	POC/ACCUCHEK/UA:	
Dx:	NEURO/NIH:	LOC:	INSULIN/VTE:	
PMH:	IV/PICC/CL/RATE:	O2: O2 SAT:	MOBILITY/ACTIVITY:	
GI/GU: BOWEL SOUNDS: FOLEY: Y/N CONT/INCONT: LAST BM:	HR: RHYTHM:	PEDAL PULSES:	SWALLOWS WELL: Y/N PEG / NG / Dobhoff / G-Tube	
DRAINS/SURGERIES:	WOUND CARE:	SKIN:	HEELS/BOTTOM:	
HAND-OFF/ROUNDS: 7 / 9 / 11 / 1 / 3 / 5 / 7	IV/LINE CHECKS: 8 / 12 / 4	I's & O's: 10 / 2 / 6	MED PASS: 7/8/9/10/11/12/1/2/3/4/5/6/7	

COMMENTS:

- ✓ BMAT _____
- ✓ CARE PLAN _____
- ✓ EDUCATION _____
- ✓ HAND-OFF _____