

# REPORT SHEET

## Handoff Report and Assessment Sheet

Name	Age	Allergies	Code	DX	Background	PMH	PSH
Doctors:							

### Neurological

- Orientation
- Pupils
- Extremities
- Follows Commands
- Speech Clarity
- Behavior
- Sensation
- NIH


### Respiratory

- O2 Delivery
- Normal Sats
- Lung Sounds


### Cardiac

- Rhythm, rate, trends
- BP trends
- Medication available for control
- Pulse location, strength, cap refill
- Edema
- SCDs, TEDS, VTE Prophylaxis
- Fluids/Drips
- Temps


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## Gastrointestinal

Diet/tolerance/residuals

BM date/pattern

Nausea/Vomiting

Blood sugars/type of insulin/SCIP?


## Genitourinary

Method

Type, amount, color

Dialysis/Schedule


## Skin

Breakdown

Status of surgical sites

Dressings to change


## Pain

Sources of pain

Pain control/last PRN meds

Pain levels


## Plan for Patient

Discharge plans

Upcoming procedures

PRN meds

Family dynamics


Review orders, SCIP, Skin Check, Neuro Check, Questions, Foley Care