

TEAM REPORT CHECKLIST

OBJECTIVE: To assure that necessary information is exchanged during shift hand-off report.

SITUATION:

1. Patient name and admitting diagnosis/secondary diagnosis, check armband, and AIDET
2. Significant patient history, code status, allergies

BACKGROUND:

1. Safety: activity, fall risk status, bleeding risk, ambulatory status, Accucheck status
2. IV Access: IV site, tubing, verify correct fluid//rate, **question the PICC/central line**
3. Pain status and score, last time of pain meds
4. System review: **Only Abnormal**
 - a. Labs
 - b. Hygiene status
 - c. Neurological mental state (i.e. confused, paralysis)
 - d. Respiratory (oxygen/rate)
 - e. Circulation, heart rhythm
 - f. GI/GU: bowel management, I&O, diet order, fluid restrictions, ostomies, **question the Foley**
 - g. Skin/wounds: risk for breakdown
 - h. Discharge plan: what to accomplish, pt/family education
 - i. Plans for the day: procedure times, NPO status

RECOMMENDATION:

1. Issues needing follow-up
2. Pt/Family concerns
3. Update white board including plan for the day
4. Task list review in patient's room (EMR)
5. Review assessment scales: Morse, Braden, EWSS (clin pic)