

Q1 Guide for Shift Change Report

Initials of resident, age, room #

Allergies

Code status

Name of Doctors, Date of admission

Medical diagnosis

Any **significant** past surgical, medical, and family history

Vital signs esp. abnormal findings.

Any abnormal assessment data

Type of diet and appetite

Special body position, level of activity

Scheduled tests or abnormal results.

Changes in orders, and new orders

Special equipment

Medications and Reason

Special treatments, dressings or procedures

Any significant social history

Pain

Support system

Plan for patient