

SHIFT REPORT REFERENCE SAMPLE

Resident Safety:

- Mobility Changes/Fall Risk
- Skin Injury Risk
- Observed Behaviors That Pose a Safety Risk (e.g., wandering, restless, not using their safety equipment, confusion, aggression, talking about going somewhere - home, to work, etc.)
- Other

Clinical Condition Changes:

- Vital signs
- Nutrition/Hydration
- Elimination changes (urine, stool)
- Abnormal lab work including blood sugar
- Pain
- Medication response (e.g., effectiveness, reactions, side-effects)
- Respiratory/cardiac changes
- Gastrointestinal changes (e.g., nausea, vomiting, diarrhea)
- Skin changes
- Behavior/cognition changes
- Weakness/fatigue
- Other

Emotional/Social:

- Complaint
- Depression/sadness/withdrawn
- Suicidal thoughts/comments (e.g., tired of living)
- Angry
- Declining health
- Good news/bad news
- Special day

Family Communication:

- Phone
- Visited facility today

Provider Communication:

New Orders:

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Resident Name:

Resident Safety:

Clinical Condition Changes:

Emotional/Social:

Family Communication:

Provider Communication:

New Orders:

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Resident Name:

Resident Safety:

Clinical Condition Changes:

Emotional/Social:

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SAMPLE DOCUMENT ONLY This list is not intended to be all inclusive, modification is recommended based on facility services and policies.

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