Critical Care Initiative

Shift to Shift Report Sheet

Name	Age	Bed
MD	Code Status	
Allergies		
Diagnosis		

	Temp	HR	Rhythm	RR	BP	O2 Sat	FIO2	O2 Device
8								
9								
10								
11								
12								
1								
2								
3								
4								
5								
6								
7								

	Blood Glucose
B	
L	
D	
HS	

Pain Management		
Time	Score	Intervention

Neuro

Cardiac

Respiratory

Gastrointestinal

Urinary

Skin

Notes/ Concerns/ Labs

Tubes and Drains			
Type	Location	Output	Description

Tube Feed Type	Supplement	Rate	Goal	Flush	Interval

Intake	
AM	PM

Output	
AM	PM

Vent Settings							
ETT Size				ETT Placement			
Time	Mode	Vt	RR	FIO2	PEEP	PS	

IV Access	IV Fluid and Drips	Rate

Diagnostics	
Exam	Results

Discharge Disposition (Challenges, Needs, Etc.)

Find this form and other nursing resources at
http://www.criticalcareinitiative.com/