

Inpatient Handoff Paper Report

Instructions:

1. Attach label.
2. Add date/time, your name, contact number & transport method.
3. Check box (at right), or complete form.

Check if applicable

- Pre-Procedure Checklist complete (required for OR, IR, Cath Lab, GI Lab)
- MRI Safety Checklist complete
- Phone report completed

Date/Time
Diagnosis

Label

DNR Order?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Isolation Type	Reason
<input type="checkbox"/> Tracheostomy tube O2 _____ L per N/C or _____ % mask/collar Pulse Ox _____ %			
<input type="checkbox"/> NPO		Activity: <input type="checkbox"/> Up ad lib <input type="checkbox"/> Up with assist <input type="checkbox"/> Bedrest	
Mental Status: <input type="checkbox"/> A&Ox3 <input type="checkbox"/> Confused <input type="checkbox"/> Lethargic <input type="checkbox"/> Other _____			
Pain Score: 0 1 2 3 4 5 6 7 8 9 10 Fall Precautions: <input type="checkbox"/> Strict <input type="checkbox"/> Standard			
Narcotics/sedatives last given (date/time)			
Other special needs, vital signs, positioning or patient/family needs, etc.			

Staff Nurse (print) _____	Contact Number _____
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Post-Procedure Report	<input type="checkbox"/> Phone Report completed
Procedure Performed	
Mental status: <input type="checkbox"/> A&Ox3 <input type="checkbox"/> Confused <input type="checkbox"/> Lethargic <input type="checkbox"/> Other _____	
Pain Score: 0 1 2 3 4 5 6 7 8 9 10 Fall Precautions: <input type="checkbox"/> Strict <input type="checkbox"/> Standard	
Narcotics given (date/time)	
Other special needs, vital signs, positioning or patient/family needs, etc.	

Activity: No restrictions Bedrest x _____ hours Keep R/L leg straight x _____ hours Other _____

Procedure Area Nurse/Tech (print) _____	Contact Number _____	Date/Time _____
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Patient Received by (sign)
Use back of card if patient goes to more than one procedural area

Label

Post-Procedure Report #2

Phone Report completed

Procedure Performed

Mental status: A&Ox3 Confused Lethargic Other _____

Pain Score: 0 1 2 3 4 5 6 7 8 9 10 Fall Precautions: Strict Standard

Narcotics given (date/time)

Other special needs, vital signs, positioning or patient/family needs, etc.

Activity: No restrictions Bedrest x _____ hours Keep R/L leg straight x _____ hours Other _____

Procedure Area Nurse/Tech (print)

Contact Number

Date/Time

Patient Received by (sign)

Post-Procedure Report #3

Phone Report completed

Procedure Performed

Mental status: A&Ox3 Confused Lethargic Other _____

Pain Score: 0 1 2 3 4 5 6 7 8 9 10 Fall Precautions: Strict Standard

Narcotics given (date/time)

Other special needs, vital signs, positioning or patient/family needs, etc.

Activity: No restrictions Bedrest x _____ hours Keep R/L leg straight x _____ hours Other _____

Procedure Area Nurse/Tech (print)

Contact Number

Date/Time

Patient Received by (sign)