## horizontal line**Nursing Handover Checklist**

### **1. General Information**

* **Outgoing Nurse Name:** [Enter Name]
* **Incoming Nurse Name:** [Enter Name]
* **Shift/Unit:** [Enter Shift/Unit]
* **Date and Time of Handover:** [Enter Date and Time]

### **2. Patient Information**

| **Patient Name** | **Room/Bed Number** | **Diagnosis** | **Current Status** | **Remarks** |
| --- | --- | --- | --- | --- |
| [Patient Name] | [Room/Bed No.] | [Diagnosis] | [Stable/Critical] | [Notes] |
| [Patient Name] | [Room/Bed No.] | [Diagnosis] | [Stable/Critical] | [Notes] |

### **3. Medications and Treatments**

| **Patient Name** | **Medication** | **Dosage/Timing** | **Special Instructions** |
| --- | --- | --- | --- |
| [Patient Name] | [Medication] | [Dosage/Timing] | [Instructions] |
| [Patient Name] | [Medication] | [Dosage/Timing] | [Instructions] |

### **4. Pending Tasks**

| **Patient Name** | **Task Description** | **Due Time** | **Assigned To** |
| --- | --- | --- | --- |
| [Patient Name] | [Task Description] | [Time] | [Staff Name] |
| [Patient Name] | [Task Description] | [Time] | [Staff Name] |

### **5. Equipment and Supplies**

| **Item** | **Location** | **Condition** | **Remarks** |
| --- | --- | --- | --- |
| [Item Name] | [Location] | [Good/Needs Maintenance] | [Notes] |
| [Item Name] | [Location] | [Good/Needs Maintenance] | [Notes] |

### **6. Signatures**

* **Outgoing Nurse Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Incoming Nurse Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date and Time:** [Enter Date and Time]