

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
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[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]