

# Nursing Takeover Report

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**Date:** [Insert Date]

**Time:** [Insert Time]

**Outgoing Nurse:** [Your Name]

**Incoming Nurse:** [Recipient's Name]

**Unit/Ward:** [Unit/Ward Name]

## Patient Information

- **Patient Name:** [Patient's Name]
- **Age:** [Patient's Age]
- **Diagnosis:** [Patient's Primary Diagnosis]
- **Room Number:** [Room Number]
- **Admitting Date:** [Admitting Date]
- **Code Status:** [Code Status, e.g., Full Code, DNR]

## Current Condition and Vital Signs

- **Vital Signs:** BP [Insert BP], HR [Insert HR], Temp [Insert Temp], RR [Insert RR], O2 Sat [Insert O2 Saturation]
- **Pain Level:** [Insert Pain Level on a Scale of 1-10]
- **Current Symptoms:** [Insert symptoms like pain, nausea, etc.]

## Medications

- **Medications Given:** [List recent medications and time of administration]

- **Next Scheduled Medications:** [List medications and times due]
- **Allergies:** [List any known allergies]

### **Treatments and Procedures**

- **Ongoing Treatments:** [List treatments like IV fluids, dressings, or oxygen therapy]
- **Upcoming Procedures:** [List scheduled procedures like scans, surgeries, etc.]
- **Recent Changes:** [Any significant updates such as new medications or care plans]

### **Diet and Activity**

- **Diet:** [Insert current diet, e.g., NPO, liquid diet, soft diet]
- **Activity Level:** [Insert mobility status, e.g., bed rest, ambulatory, assist needed]
- **Fluid Intake/Output:** [Note any fluid restrictions or significant outputs]

### **Special Instructions**

- **Instructions:** [Any important care instructions, precautions, or monitoring requirements]
- **Family Communication:** [Insert notes about family involvement or communication if necessary]

### **Discharge Plans**

- **Estimated Discharge Date:** [Insert date if applicable]
- **Discharge Instructions:** [Insert any pending instructions or concerns]

## **Additional Notes**

- **General Remarks:** [Insert any other relevant information about the patient's condition or care]

**Outgoing Nurse:** [Your Name]

**Incoming Nurse:** [Recipient's Name]