Student & Nurse Hand-Off Form

Student: _____ **Date:** _____ **Shift:** _____ **School:** _____ **Level:** _____ **Instructor & Phone #:** _____

Rooms/Patients Assigned: _____

Goals for Today: _____

Student is expected to document and/or report ALL patient care and medications given according to designated unit policies

MEDICATIONS

All meds must be checked by a nurse and given under instructor or nurse supervision

Today, I will give:

- ☐ No Meds
- ☐ PO Meds
- ☐ Topical/Eye/Ear/Suppository Meds
- ☐ SQ Meds
- ☐ IM Meds
- ☐ IV Push Meds
- ☐ IV Meds/Fluids

I CANNOT give:

- Blood products
- Other: _____
  _____
  _____
  _____

VITALS/ASSESSMENTS

- ☐ Vital Signs
- ☐ Head-to-Toe Assessment
- ☐ Focused/Problem Assessment
- ☐ Pain Assessment
- ☐ Skin Assessment
- ☐ Fall Assessment
- ☐ Other: _____
  _____
  _____

PERSONAL CARE/ADLs

- ☐ Oral Care
- ☐ Bed Bath/Shower
- ☐ Peri Care
- ☐ Skin Care
- ☐ Other: _____
  _____
  _____

- ☐ Ambulate Patient
- ☐ ROM (active/passive)
- ☐ Positioning
- ☐ Feeding
- ☐ Other: _____
  _____
  _____

GI/GU

- ☐ Bladder/Bowel Mgmt
- ☐ Bladder Scan
- ☐ Intake & Output
- ☐ Foley Insertion
- ☐ Foley/Leg Bag Care
- ☐ Clean Catch UA
- ☐ Enema
- ☐ Rectal Tube Care
- ☐ Ostomy Care
- ☐ Other: _____
  _____
  _____

TREATMENTS

- ☐ IV Insertion
- ☐ Dressing Changes
- ☐ Hot/Cold Tx
- ☐ SCDs & TEDs
- ☐ CPM
- ☐ Other: _____
  _____
  _____

I CANNOT perform:

- Glucometer testing
- Hemoccult testing
- Other: _____
  _____

Student & Nurse Hand-Off Comments: _____

_____

Nurse Signature: _____ **Date:** _____ **Instructor Signature:** _____ **Date:** _____

Revised 5/2018