Caregiver shift handoff checklist

Fill this in before the end of every shift so the next caregiver starts caught up.

Caregiver _____ **Date** _____ **Shift** _____

MEDICATIONS

- [ ] Meds given and times
- [ ] Refused, skipped or late doses (and why)
- [ ] As-needed meds given, with times
- [ ] Next doses due

FOOD AND FLUIDS

- [ ] Meals: how much was eaten
- [ ] Fluids: how much they drank
- [ ] Trouble chewing or swallowing

BATHROOM

- [ ] Bowel movements and urination
- [ ] Anything unusual

VITALS AND SYMPTOMS

- [ ] Readings taken
- [ ] Pain: where, how bad, what helped
- [ ] New symptoms

MOOD, BEHAVIOR AND SLEEP

- [ ] How they seemed today
- [ ] Any change from usual (new confusion?)
- [ ] Sleep and naps

SKIN AND MOBILITY

- [ ] Skin check: heels, hips, tailbone
- [ ] Repositioning done
- [ ] Walks, falls or near-falls

TASKS, CALLS AND SUPPLIES

- [ ] Tasks done / still open
- [ ] Calls with doctors or pharmacy
- [ ] Upcoming appointments
- [ ] Supplies running low

CONCERNS

- [ ] Anything that worried you
- [ ] Who you told, and what they said

Notes for the next shift

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