

Med-Surg Shift Organization & Handoff Brain Sheet

Free Clinical Toolkit · Corinne Hollings, RN · Precision Press

PATIENT #1	Room / Bed:	Age/Sex:	Code Status: ☐ FULL ☐ DNR/DNI
Primary Dx:	Diagnosis & Admitting Hx:	Allergies:	Documented Allergies:
IV Access:	☐ PIV Site/G: ☐ PICC ☐ Central	IV Fluids:	Infusion & Rate (mL/hr):
Vitals Trend:	Temp: BP: HR: RR: SpO2: % on ☐ RA ☐ NC	Telemetry:	☐ NSR ☐ AFib ☐ SB/ST
Assessment:	Neuro: ☐ x4 ☐ x3 ☐ Confused Resp: ☐ Clear ☐ Crackles Cardiac: ☐ Reg ☐ Irreg Edema: ☐ None ☐ 1+ ☐ 2+ ☐ 3+	GI/GU:	Diet: ☐ NPO ☐ Reg BM: Foley: ☐ Yes ☐ No UOP: mL/hr Skin: ☐ Intact ☐ Wound
Key Labs:	Hgb: WBC: Plt: Na: K: Cr: Glucose:	Meds Due:	08:00: 12:00: 16:00:
Shift Tasks:	☐ Bath/Linen ☐ Ambulate TID ☐ Wound Care ☐ Provider SBAR	Discharge:	☐ PT Cleared ☐ Teaching Complete

PATIENT #2	Room / Bed:	Age/Sex:	Code Status: ☐ FULL ☐ DNR/DNI
Primary Dx:	Diagnosis & Admitting Hx:	Allergies:	Documented Allergies:
IV Access:	☐ PIV Site/G: ☐ PICC ☐ Central	IV Fluids:	Infusion & Rate (mL/hr):
Vitals Trend:	Temp: BP: HR: RR: SpO2: % on ☐ RA ☐ NC	Telemetry:	☐ NSR ☐ AFib ☐ SB/ST
Assessment:	Neuro: ☐ x4 ☐ x3 ☐ Confused Resp: ☐ Clear ☐ Crackles Cardiac: ☐ Reg ☐ Irreg Edema: ☐ None ☐ 1+ ☐ 2+ ☐ 3+	GI/GU:	Diet: ☐ NPO ☐ Reg BM: Foley: ☐ Yes ☐ No UOP: mL/hr Skin: ☐ Intact ☐ Wound
Key Labs:	Hgb: WBC: Plt: Na: K: Cr: Glucose:	Meds Due:	08:00: 12:00: 16:00:
Shift Tasks:	☐ Bath/Linen ☐ Ambulate TID ☐ Wound Care ☐ Provider SBAR	Discharge:	☐ PT Cleared ☐ Teaching Complete

PATIENT #3	Room / Bed:	Age/Sex:	Code Status: ☐ FULL ☐ DNR/DNI
Primary Dx:	Diagnosis & Admitting Hx:	Allergies:	Documented Allergies:
IV Access:	☐ PIV Site/G: ☐ PICC ☐ Central	IV Fluids:	Infusion & Rate (mL/hr):
Vitals Trend:	Temp: BP: HR: RR: SpO2: % on ☐ RA ☐ NC	Telemetry:	☐ NSR ☐ AFib ☐ SB/ST
Assessment:	Neuro: ☐ x4 ☐ x3 ☐ Confused Resp: ☐ Clear ☐ Crackles Cardiac: ☐ Reg ☐ Irreg Edema: ☐ None ☐ 1+ ☐ 2+ ☐ 3+	GI/GU:	Diet: ☐ NPO ☐ Reg BM: Foley: ☐ Yes ☐ No UOP: mL/hr Skin: ☐ Intact ☐ Wound
Key Labs:	Hgb: WBC: Plt: Na: K: Cr: Glucose:	Meds Due:	08:00: 12:00: 16:00:
Shift Tasks:	☐ Bath/Linen ☐ Ambulate TID ☐ Wound Care ☐ Provider SBAR	Discharge:	☐ PT Cleared ☐ Teaching Complete

SBAR Physician Calling Guide & Critical Safety Protocol

Structured Interprofessional Communication Framework & High-Alert Matrix

S - SITUATION	State your name, hospital unit, patient name, room number, and immediate clinical concern. <i>"Dr. Smith, this is Nurse Corinne on 4-West calling about Mrs. Johnson in Room 412. I am calling because her systolic blood pressure has dropped to 82/50 with a new onset of dizziness and tachycardia at 116 bpm."</i>
B - BACKGROUND	State primary admission diagnosis, admission date, surgical procedure, and pertinent clinical history. <i>"She is an 82-year-old female admitted 2 days ago with a fractured femur post-op day 1 hemiarthroplasty. Her baseline blood pressure is 130/80. She received 2 units of packed red cells yesterday and has an 18G PIV in the right forearm."</i>
A - ASSESSMENT	State your objective physical findings, recent vitals, and what you think the underlying issue is. <i>"Currently BP is 82/50, HR 116 sinus tach, RR 22, SpO2 96% on 2L NC. Surgical hip dressing has a 4 cm circle of active serosanguinous drainage. Her skin is cool and pale, urine output was only 15 mL in the last 2 hours. I am concerned about active internal bleeding or acute hypovolemic shock."</i>
R - RECOMMENDATION	State what you need from the physician right now. <i>"I recommend you come evaluate her at the bedside immediately. I would like to order a stat CBC, type and cross for 2 units PRBCs, and start a 500 mL bolus of 0.9% Normal Saline right now. Do you agree?"</i>

High-Alert Medication Pre-Administration Assessment Gate

Medication	Pre-Admin Vital / Lab Check	Hold Parameters & Mandatory Nursing Action
Digoxin (Lanoxin)	Apical heart rate for 60 seconds; Serum K ⁺ , Mg ²⁺ , Digoxin level	Hold if HR < 60 bpm. Hypokalemia drastically increases digoxin toxicity risk.
Metoprolol / Carvedilol	Apical HR and resting Blood Pressure	Hold if HR < 60 bpm or Systolic BP < 100 mmHg unless specified by MD.
SubQ Heparin / Enoxaparin	Platelet count; check previous dose timing and site	Hold if Platelets < 100,000/uL (suspect HIT) or active overt bleeding.
IV Regular Insulin / Glargine	Point-of-care blood glucose; meal tray at bedside	Hold if Glucose < 70 mg/dL; administer 15g fast-acting carbs if symptomatic.
Morphine / Hydromorphone	Respiratory rate and sedation level (POSS score)	Hold if RR < 12 breaths/min or patient somnolent/difficult to arouse.
Warfarin (Coumadin)	Recent PT / INR lab value	Target INR usually 2.0-3.0. Hold and notify MD if INR > 3.5 or active bleeding.
Furosemide (Lasix)	Blood pressure and Serum Potassium	Hold if Systolic BP < 90 mmHg or Potassium < 3.5 mEq/L (loop diuretic wastes K ⁺).