

Check if No Patients Signed Out

Date/Time: _____

*Off-Going Clinician: _____

Receiving Clinician: _____

Patient Name & Age	Problem List & Key Issues <i>(Clinical Providers only)</i>	Pending Items	Disposition	Receiving Clinician's Notes
<div style="border: 1px solid black; padding: 2px; width: fit-content;">Room</div>	Dx/CC: _____ Key Issues: _____ Safety Cautions: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Home _____ Admit _____ Transfer _____ NH _____ TBD _____	<input type="checkbox"/> Vital Signs Reviewed <input type="checkbox"/> Rounded on Patient <input type="checkbox"/> Communicated w/ Nurse Name: _____
<div style="border: 1px solid black; padding: 2px; width: fit-content;">Room</div>	Dx/CC: _____ Key Issues: _____ Safety Cautions: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Home _____ Admit _____ Transfer _____ NH _____ TBD _____	<input type="checkbox"/> Vital Signs Reviewed <input type="checkbox"/> Rounded on Patient <input type="checkbox"/> Communicated w/ Nurse Name: _____
<div style="border: 1px solid black; padding: 2px; width: fit-content;">Room</div>	Dx/CC: _____ Key Issues: _____ Safety Cautions: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Home _____ Admit _____ Transfer _____ NH _____ TBD _____	<input type="checkbox"/> Vital Signs Reviewed <input type="checkbox"/> Rounded on Patient <input type="checkbox"/> Communicated w/ Nurse Name: _____
<div style="border: 1px solid black; padding: 2px; width: fit-content;">Room</div>	Dx/CC: _____ Key Issues: _____ Safety Cautions: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Home _____ Admit _____ Transfer _____ NH _____ TBD _____	<input type="checkbox"/> Vital Signs Reviewed <input type="checkbox"/> Rounded on Patient <input type="checkbox"/> Communicated w/ Nurse Name: _____

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