

Safer Sign Out Form (v17)

Check if No Patients Signed Out

Off-Going Clinician: _____

Receiving Clinician: _____

Date Shift Started _____

Patient Name & Age	Problem List & Key Issues	Pending Items	Disposition	Receiving Clinician's Notes
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Room</div>	<div style="border: 1px solid black; padding: 2px;">Diagnosis/CC:</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Key Issues:</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"><i>Potential Safety Issues or Precautions?</i></div>		Home _____ Admit _____ Transfer _____ NH _____ TBD _____	<input type="checkbox"/> <i>Rounded on Patient</i> <input type="checkbox"/> <i>Included/Informed Nurse</i>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Room</div>	<div style="border: 1px solid black; padding: 2px;">Diagnosis/CC:</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Key Issues:</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"><i>Potential Safety Issues or Precautions?</i></div>		Home _____ Admit _____ Transfer _____ NH _____ TBD _____	<input type="checkbox"/> <i>Rounded on Patient</i> <input type="checkbox"/> <i>Included/Informed Nurse</i>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Room</div>	<div style="border: 1px solid black; padding: 2px;">Diagnosis/CC:</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Key Issues:</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"><i>Potential Safety Issues or Precautions?</i></div>		Home _____ Admit _____ Transfer _____ NH _____ TBD _____	<input type="checkbox"/> <i>Rounded on Patient</i> <input type="checkbox"/> <i>Included/Informed Nurse</i>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Room</div>	<div style="border: 1px solid black; padding: 2px;">Diagnosis/CC:</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Key Issues:</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"><i>Potential Safety Issues or Precautions?</i></div>		Home _____ Admit _____ Transfer _____ NH _____ TBD _____	<input type="checkbox"/> <i>Rounded on Patient</i> <input type="checkbox"/> <i>Included/Informed Nurse</i>