Bedside Shift Report Validation Checklist



Unit/Area: Date:				
Off-going Nurse:	On-coming Nurse:	Evaluator:		
Skill / Action		C/O/N/A	Comments	
SET UP/SCHEDULED TASKS		S/O/NA		
Knock on door prior to entering – ask permission.				
Foam In				
Manage Up – Off duty nurse will introduce and manage up oncoming nurse,				
PCA, and/or doctor				
ACKNOWLEDGE the patient by preferred name, use good eye contact, and				
stand on either side of bed (if possible)				
ACKNOWLEDGE visitors, ask them to leave prior to information exchange				
unless patient permits them to stay.				
Both nurses check name and allergy bands prior to any care, using key words				
"for your safety".				
EXPLAIN Bedside Shift Report		S/O/NA		
EXPLAIN the purpose of bedside shift report and DURATION.				
Use key words like listen, explain, and safety.				
YOU (Focus on pt/make a personal connection)		S/O/NA		
Off-going nurse and patient have a conversation. Recap the past shift.				
Encourage to express concerns. Do not use PRONOUNS.				
Share what you have learned about the patient and build the				
Personal Connection				
Update and Narrate communication board. Nursing plan, tests and treatments. <i>Teach back moment</i>				
Use laymen's terms and include patient when creating the plan and specific,				
measurable, attainable goals. <i>Teach back moment</i>				
Use key words "keep you informed" plan of care, tests and treatments, etc.				
Ask "What questions can I answer"?				
FOCUSED P's (Pain, Potty, and Position)		S/O/NA		
Explain the purpose of SAFETY Rou	unding			
How is your pain? 0-10 scale. Establish pain goal with patient.				
Are you comfortable (ice, pitcher, sheets/pillows)?				
May we help you to the bathroom while we are here?				
ANTICIPATE		S/O/NA		
Move items within reach (table, CL/TV remote, etc.)				
Check IV sites, solution and tubing.				
Make sure the room and bathroom are clean				
Ensure appropriate fall precautions in place.				
THANK YOU & TIME		S/O/NA		
Re-introduce rounding schedule for the shift. We will round again in about an hour				
and include				
Is there anything else I can do for you? I have the time.				
THANK patient for being allow to care for them				
Foam Out (if patient has C-Diff then use soap and water). TOTAL NUMBER OF OPPORTUNITIES & COMPETENCY LEVEL				
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Number of Opp	1 or < = Expert; 2-3 = Comp; 4+ = Develop			