Comprehensive Nursing Handoff and Care Coordination

Structured Communication, Patient Assessment, and Interprofessional Collaboration for Effective Clinical Transitions

Patient Handoff & Clinical Lead Overview

Topic Details

Patient Handoff, Unit/Department, and Clinical Nursing Education

Patient/Encounter Information

Name, MRN, Location, and Primary Reason for Admission

Nurse Presenter & Shift Info

Role, Credentials, and Contact; Shift/Date: Shift time and handoff date

Patient Demographics & Baseline Status

Patient Demographics

Age, Code Status, and Isolation Status (e.g., contact/droplet/airborne precautions)

Primary Diagnosis and Comorbidities

Primary Diagnosis and key comorbidities impacting nursing care

Baseline Functional Status and Risk Factors

Baseline functional status and relevant risk factors (falls, skin integrity, aspiration risk)

SBAR Handoff Framework (Structured Blocks)

Situation

Current clinical concern, why the handoff is urgent, and immediate risks

Background

Admission context, major history, and relevant events since last shift

Assessment

Current status including neuro/respiratory/cardiac, pain, and stability trends

Recommendation: Immediate Actions

What the next shift must do now (monitoring, reassessments, safety actions)

Recommendation: Escalation Thresholds

What to call provider/rapid response and when

Vital Signs & Trend Lines (24–48 Hour Snapshot)

Time/Interval	Vitals (T/HR/RR/BP/SpO2)	Abnormal Flags	Nursing Action/Response
Last 24h: early shift	Insert values	Insert flags (if any)	Insert actions (e.g., reposition, notify, recheck)
Last 24–48h: late shift	Insert values	Insert flags (if any)	Insert actions (e.g., fluids, oxygen titration, reassess

Nursing Care Plan (NANDA → Outcomes → Interventions)

NANDA Diagnoses

Prioritize top 2–4: label the problem statement and related factors

Targeted Outcomes

Measurable, time-bound: what improvement looks like for the next shift and beyond

Specific Nursing Interventions

Monitoring plan, patient education, safety measures, and reassessment cadence

Medication & Line Management (Safety-Focused)

IV lines and access

site, gauge, patency, dressing status, and line care schedule

Active infusions

medication name, dose/rate, pump settings, and monitoring parameters

High-risk medications

dosing, indications, hold parameters, and required double-checks

Interprofessional Coordination (Care Continuum)

Therapy Updates

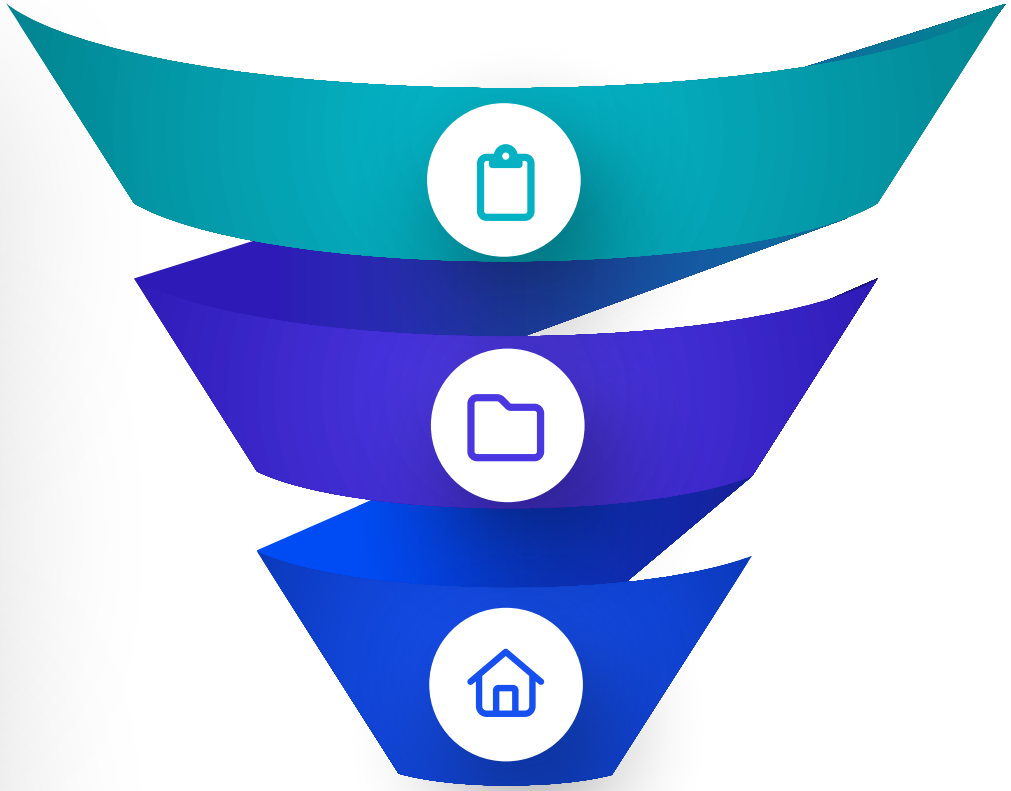
PT/OT/SLP goals, current participation, and barriers to mobility/ADLs

Consult Status

What is ordered vs pending, and what nursing must prepare or communicate

Social Work/Discharge Barriers

Housing, insurance, caregiver availability, and transport needs



Shift Priorities & Critical Flags (Next-Shift Action List)

Top 5 Shift Priorities

What must be completed first (safety checks, monitoring, reassessments)

Critical Flags

Alarms/rapid changes to watch (e.g., respiratory compromise, bleeding risk, sepsis indicators)

Immediate Next-Shift Tasks

Handoff follow-through items (labs due, reassessments, consult calls, patient education)