Staff Shift Change Report

Purpose
To assure total, accurate, and current patient status report.

Scope
Report includes all aspects of care required to maintain or improve the cardiopulmonary status of each patient. Respiratory Care Service personnel will report to on-coming shift all aspects of care for the patients in their area of responsibility.

Guidelines
The therapist assigned to an intensive care unit will give and receive report at the patient's bedside. Report should include:

- Patient diagnosis
- Clinical status
- Therapy ordered and patient's response to therapy
- Equipment in use
- Any other pertinent information

The Intensive Care Area will not be left uncovered without providing beeper coverage or without the permission of a Supervisor - except in emergency situations.

Therapists assigned ICUs with floor therapy will first report to ICU then obtain floor report.

Report on patients in general care areas will be given in the department monitored by a Supervisor. Report should include:

- Patient diagnosis
- Clinical status
- Therapy ordered and patient's response to therapy
- Equipment in use or needed
- New treatment starts, changes or discontinued treatments
- Any other pertinent information
- Any required documentation due to be done

When a staff member is unable to report to the on-coming shift, for whatever reason, the report should be given to a Supervisor, verbal and/or written, who in turn would report to the on-coming shift.

It is the off-going staff's responsibility to make sure that the patient list has the current orders, as verified in the medical record, prior to signing out at end of shift. The dispatcher will print the RCS list at 0430 and 1630 hours.

The Supervisor monitoring the change-of-shift report should be notified of any patients needing auditing, for whatever reason, as well as patient orders which are not current or valid despite efforts to contact physician.