

# DAILY NURSE SHIFT SCHEDULE

Unit / Department: \_\_\_\_\_

Date:

Shift:  Day  Night

Charge Nurse:

<b>TIME</b>	<b>NURSE NAME / ID</b>	<b>ASSIGNMENT</b>	<b>TASKS / MEDICATIONS / ROUNDS</b>	<b>STATUS</b>
<b>07:00 AM</b>		Room ____	Shift Handoff / Assessment	
<b>08:00 AM</b>		Room ____	Morning Meds / Vital Signs	
<b>09:00 AM</b>		Room ____	Doctor Rounds / Wound Care	
<b>10:00 AM</b>		Room ____	Hydration / Repositioning	
<b>11:00 AM</b>		Room ____	Mid-morning Meds / Documentation	
<b>12:00 PM</b>		Room ____	Lunch Coverage / Monitoring	
<b>01:00 PM</b>		Room ____	Vital Signs / Assessment	
<b>02:00 PM</b>		Room ____	Afternoon Meds / Discharges	
<b>03:00 PM</b>		Room ____	Patient Education / Family Updates	
<b>04:00 PM</b>		Room ____	Final Rounds / Documentation	

<b>TIME</b>	<b>NURSE NAME / ID</b>	<b>ASSIGNMENT</b>	<b>TASKS / MEDICATIONS / ROUNDS</b>	<b>STATUS</b>
<b>05:00 PM</b>		Room ____	Shift Summary / Handover Prep	
<b>06:00 PM</b>		Room ____	Night Shift Handoff	

**CRITICAL NOTES / ALERTS**

**EQUIPMENT / SUPPLY NEEDS**

Confidential Patient Information - Handle in Accordance with HIPAA Regulations