

# PEDIATRIC UNIT SHIFT SCHEDULE

Department  
**Neonatal/Pediatric Care**

Nurse Name [Name]  
Shift Date [DD/MM/YYYY]  
Station/Pod [Number]

TIME SLOT	PATIENT / ROOM	KEY TASKS & MEDICATIONS	STATUS
07:00 - 09:00	Room: ____	Handover, Vitals, Morning Meds, Feedings	
09:00 - 11:00	Room: ____	Assessments, Physician Rounds, Dressing Changes	
11:00 - 13:00	Room: ____	Mid-day Meds, Lunch Coverage, Charting	
13:00 - 15:00	Room: ____	Vitals, Education with Guardians, Lab Reviews	
15:00 - 17:00	Room: ____	Afternoon Meds, Intake/Output Tracking	
17:00 - 19:00	Room: ____	Evening Prep, Final Charting, Handover Prep	

Shift Notes & Handover Alerts

FOR INTERNAL HOSPITAL USE ONLY - CONFIDENTIAL PATIENT INFORMATION