



IN THIS TOGETHER

DEPARTMENT OF PHARMACY

SHIFT-TO-SHIFT HANDOFF REPORT

Date _____ Census _____ First to Second Second to Third Third to First

Date and Time of Handoff To Next Shift: _____ by _____

Red Rule Reminder: Include Patient Name, DOB, FIN

Staff Adjustments: _____

Shift Duties (Check when Complete - Explain in notes if not complete)

- Return Bins Complete (first shift)?
- Exception Report(s) Signed Off?
- All Discrepancies Resolved?
- Simplifi Signed Off (Techs & RPhs)?
- TDoc High Priority Alerts Addressed?
- Repacking Complete
- Cycle Counts completed for Shift?

IVs to Use Up: _____

Compounding To Pass Off: _____

Levels For Next Shift: _____

Patients With Like Names: _____

CVVH Patients & Fluid Type:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Heart/TAVR # _____

Betadine # _____

Cataract Gel # _____

Methohexital # _____

TPNs # _____

Flolan Patients: _____

Chemo Patients and Information: _____

Hand off Notes:

	Unit	Rejected Order and the Reason:
1		
2		
3		
4		
5		
6		

“Oranges” To Recognize: _____

To Be Completed Every Shift - Place completed handoff forms in daily omnicell folder to file for 30 days

Delivering Excellence and Trust in Pharmaceutical Care through a Culture of Precision