UTMB RESPIRATORY CARE SERVICES GUIDELINES - Staff Shift Change Report		Policy 7.1.8 Page 1 of 1	
Staff Shift Change Report	Formulated: 11/80	Effective: Revised: Reviewed	06/01/97 01/31/12 08/14/23

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 team leader - 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. 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 team leader, 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 shift team leader should be notified of any patient orders which are not current or valid despite efforts to contact physician