

## **6 WEST SAFE TRANSITION SHIFT REPORT**

| Room #  | MRN:                  |  | Code Status:   |                         | Admission Date:  | Weight:   |
|---|-----------------------|--|--|-------------------------|--|---|
|   | Patient Name:         |  | Isolation:   |                         | Physical Limitations:  | CCP:  |
|   |                       |  | Team:  |                         | THERAPY: PT O  | T RT ST   |
|   |                       |  | Intern:  |                         | Consults: Nutrition  Sp  | piritual Social Social  |
|   |                       | (Patient Label)  | Resident: Diet / NPO / NPO p MN:   |                         | Restraints: Vest S Expire:   | iR/ x2 x4   |
|   |                       |  |  |                         | Date: Time:  | Needs renewal : Y/N   |
| ALLERGY:  |                       |  | TUBE FEEDS:  |                         | PRECAUTIONS: FALL / ASP / SZ<br>FALL RISK SCORE:   |   |
| Psychological/Behavioral:   |                       | Principle Diagnosis (DX/PMH/PSH):  | Restrictions:           Dialysis access:           HD days: M  |                         | BED ALARM: ON OFF REASON OFF:  |   |
| N:  |                       | ,  |  |                         | TESTS/PROCEDURES:  |   |
| C:  |                       |  | Fluid removed:   | Central Line            | STATS/NEW ORDERS/MISO  | CELL ANEOLIS:   |
| R:  |                       |  | IVF:   | Central Line            | 31A13/NEW ORDERS/MISC  | ELLANEOUS.  |
| GU:   |                       |  | MEDS PO:   | MEDS IV:                |  |   |
| GI:   |                       | Prior Hospitalizations: Palliative Care:   |  |                         |  |   |
| Skin:   |                       | Patient Support:   |  |                         | Discharge Plan of Care/Expecte   | ed date of discharge/MD plan of                               |
| DSG:  |                       |  |  |                         | care:  |   |
| DRAINS:<br>Labs:  |                       | "What is the most important thing I can do for you?"   |  |                         |  |   |
| Labs to be drawn/ Specimens to be collected:                      |                       | VITAL SIGNS/PAIN ASSESSMENT:   | Problems with Medications (>10):   |                         | Poor Health Literacy/Teaching: Language Barrier  Smoking  Stroke  Flap/Drain   |   |
| Intake/Output:  |                       |  | VACCINES: PNEUMOCOCCAL   |                         | Other  |   |
| Last BM:  |                       |  |  |                         | Nursing Plan of Care: Initiated  | Updated New   |
| Room#   |                       |  | Code Status:   |                         | Admission Date:  | Weight:   |
| Room #  | MEN                   |  | Code Status:   |                         | Admission Date.  | weight.   |
| Room#   | MRN:<br>Patient Name: |  | Code Status:   |                         | Physical Limitations:  | CCP:  |
| Room#   |                       |  |  |                         |  | CCP:  |
| Room#   |                       |  | Isolation: Team: Intern:   |                         | Physical Limitations: ACTIVITY/BMAT: THERAPY: PT OT  Consults: Nutrition Sp  | CCP:  |
| Room#   |                       | (Patient Label)  | Isolation:   |                         | Physical Limitations: ACTIVITY/BMAT: THERAPY:  | CCP:  |
|   |                       | (Patient Label)  | Isolation: Team: Intern: Resident: Diet / NPO / NPO p MN:  |                         | Physical Limitations: ACTIVITY/BMAT: THERAPY: PT OT  Consults: Nutrition Sp Other Sestraints: Vest Expire: Date: Time:                                       | CCP:  T RT ST  Diritual Social SR/ X2 X4  Needs renewal : Y/N |
| ALLERGY:  |                       |  | Isolation: Team: Intern: Resident:   |                         | Physical Limitations: ACTIVITY/BMAT: THERAPY: PT O1  Consults: Nutrition Sp. Other  Restraints: Vest S Expire: Date: Time:                                   | CCP:  T RT ST  Diritual Social SR/ x2 x4  Needs renewal: Y/N  |
|   | Patient Name:         | Principle Diagnosis  | Isolation: Team: Intern: Resident: Diet / NPO / NPO p MN:  |                         | Physical Limitations: ACTIVITY/BMAT: THERAPY:  | CCP:    RT  |
| ALLERGY:  | Patient Name:         |  | Isolation:  Team: Intern: Resident: Diet / NPO / NPO p MN:  TUBE FEEDS: Restrictions:  Dialysis access:  |                         | Physical Limitations: ACTIVITY/BMAT: THERAPY: PT OT  Consults: Nutrition Spother State Other State Expire: Date: Time: PRECAUTIONS: FALL / AFALL RISK SCORE: | CCP:    RT  |
| ALLERGY:  Psychologica  | Patient Name:         | Principle Diagnosis  | Isolation:  Team: Intern: Resident: Diet / NPO / NPO p MN:  TUBE FEEDS:  Restrictions:   | Th   F   S   Su         | Physical Limitations: ACTIVITY/BMAT: THERAPY:  | CCP:    RT  |
| ALLERGY:  Psychologica N:   | Patient Name:         | Principle Diagnosis  | Isolation:  Team: Intern: Resident: Diet / NPO / NPO p MN:  TUBE FEEDS:  Restrictions:  Dialysis access: HD days: M  T  W                      | Th   F   S   Su         | Physical Limitations: ACTIVITY/BMAT: THERAPY:  | CCP:    RT  |
| ALLERGY:  Psychologica N: C:                                      | Patient Name:         | Principle Diagnosis  | Isolation:  Team: Intern: Resident: Diet / NPO / NPO p MN:  TUBE FEEDS:  Restrictions:  Dialysis access: HD days: M                            | Central Line            | Physical Limitations: ACTIVITY/BMAT: THERAPY:  | CCP:    RT  |
| ALLERGY:  Psychologica N: C: R:                                   | Patient Name:         | Principle Diagnosis  | Isolation:  Team: Intern: Resident: Diet / NPO / NPO p MN:  TUBE FEEDS:  Restrictions:  Dialysis access: HD days: M T W Fluid removed: PIV PIV |                         | Physical Limitations: ACTIVITY/BMAT: THERAPY:  | CCP:    RT  |
| ALLERGY:  Psychologica N: C: R: GU:                               | Patient Name:         | Principle Diagnosis (DX/PMH/PSH):  Prior Hospitalizations: Palliative Care:  | Isolation:  Team: Intern: Resident: Diet / NPO / NPO p MN:  TUBE FEEDS:  Restrictions:  Dialysis access: HD days: M                            | Central Line            | Physical Limitations: ACTIVITY/BMAT: THERAPY:  | CCP:    RT  |
| ALLERGY:  Psychologica N: C: R: GU: GI:                           | Patient Name:         | Principle Diagnosis (DX/PMH/PSH):  Prior Hospitalizations:   | Isolation:  Team: Intern: Resident: Diet / NPO / NPO p MN:  TUBE FEEDS:  Restrictions:  Dialysis access: HD days: M                            | Central Line            | Physical Limitations: ACTIVITY/BMAT: THERAPY:  | CCP:    RT  |
| ALLERGY:  Psychologica N: C: R: GU: GI: Skin:                     | Patient Name:         | Principle Diagnosis (DX/PMH/PSH):  Prior Hospitalizations: Palliative Care: Patient Support:   | Isolation:  Team: Intern: Resident: Diet / NPO / NPO p MN:  TUBE FEEDS:  Restrictions:  Dialysis access: HD days: M                            | Central Line            | Physical Limitations: ACTIVITY/BMAT: THERAPY:  | CCP:    RT  |
| ALLERGY:  Psychologica N: C: R: GU: GI: Skin: DSG:                | Patient Name:         | Principle Diagnosis (DX/PMH/PSH):  Prior Hospitalizations: Palliative Care:  | Isolation:  Team: Intern: Resident: Diet / NPO / NPO p MN:  TUBE FEEDS:  Restrictions:  Dialysis access: HD days: M                            | Central Line            | Physical Limitations: ACTIVITY/BMAT: THERAPY:  | CCP:    RT  |
| ALLERGY:  Psychologica N: C: R: GU: GI: Skin: DSG: DRAINS:        | Patient Name:         | Principle Diagnosis (DX/PMH/PSH):  Prior Hospitalizations: Palliative Care: Patient Support:  "What is the most important thing                    | Isolation:  Team: Intern: Resident: Diet / NPO / NPO p MN:  TUBE FEEDS:  Restrictions:  Dialysis access: HD days: M                            | Central Line   MEDS IV: | Physical Limitations: ACTIVITY/BMAT: THERAPY:  | CCP:    RT  |
| ALLERGY:  Psychological N: C: R: GU: GI: Skin: DSG: DRAINS: Labs: | Patient Name:         | Principle Diagnosis (DX/PMH/PSH):  Prior Hospitalizations: Palliative Care: Patient Support:  "What is the most important thing I can do for you?" | Isolation:  Team: Intern: Resident: Diet / NPO / NPO p MN:  TUBE FEEDS:  Restrictions:  Dialysis access: HD days: M                            | Central Line   MEDS IV: | Physical Limitations: ACTIVITY/BMAT: THERAPY:  | CCP:    RT  |

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