

# ICU Nurse Shift Handover Form

Patient Name

MRN / ID

Room / Bed No.

Date & Time

Presenting Complaints / Diagnosis

Current Condition

Vital Signs

Temperature

Pulse

BP

Respiratory Rate

Consciousness

Ongoing Treatments / Infusions

IV Access

Lines & Catheters

Recent Procedures / Events

Lab Results / Investigations

Pending Tasks

Other Notes

Outgoing Nurse

Incoming Nurse