

Section: Division of Nursing

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**PROCEDURE**  
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HACKETTSTOWN REGIONAL MEDICAL CENTER

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Reviewed by:

OR  
(Scope)

**TITLE: CHANGE OF SHIFT REPORT**

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**PURPOSE:** To outline the steps for change of shift report.

**PROCEDURE:** Scheduler

1. OR Charge Nurse to Nursing Supervisor: the OR Scheduler will provide the Nursing Supervisor with the following:
  - a. OR schedule for the next day
  - b. Add-on Emergency Sheet
  - c. On-call personnel list
  - d. Schedule of add-on and emergency OR cases to be done that day/weekend
  
2. OR Charge Nurse to On-Call Shift: The OR Charge Nurse will provide verbal and written report to the on-call team by 1500 each week day. Change of Shift Report Form to be used, which includes the following:
  - a. Date
  - b. Estimated time of case
  - c. Patient name
  - d. Height/weight
  - e. Allergies
  - f. Latex – Yes or No
  - g. Location/room number
  - h. Surgeon
  - i. Procedure (including side if applicable)
  - j. Special equipment needed
  - k. X-ray required and notified
  - l. Stretcher sent to floor
  
3. OR Day Shift to On-Call Shift
  - a. The circulator and scrub person being relieved will acquaint the new circulator and scrub person with pertinent data about the case (i.e. patient history, patient allergies, medications in use, supplies and equipment being used)
  - b. At the time of permanent relief, a complete instrument, sponge and sharp count will be performed.

## ADD-ON/EMERGENCY SHEET AND CHANGE OF SHIFT REPORT

<b>Date</b>	
<b>Estimated Time of Case</b>	
<b>Patient Name</b>	
<b>Height/Weight</b>	
<b>Allergies: No      Yes (list)</b>	
<b>Latex:    No      Yes (list)</b>	
<b>Location/Room Number</b>	
<b>Surgeon</b>	
<b>Procedure (including side if applicable)</b>	
<b>Special Equipment Needed</b>	
<b>X-Ray Required and Notified</b>	
<b>Stretcher Sent to Floor</b>	

PLEASE FAX INFORMATION TO (908) 850-6887