TIME MANAGEMENT · UP TO 5 PATIENTS

Shift Planner

DATE _____ SHIFT ☐ Day ☐ Night UNIT _____

HOUR BY HOUR

Write meds, assessments, labs, turns and procedures in each patient's column

HOUR	ROOM / PT / CODE / ALLERGIES	ROOM / PT / CODE / ALLERGIES	ROOM / PT / CODE / ALLERGIES	ROOM / PT / CODE / ALLERGIES	ROOM / PT / CODE / ALLERGIES
0700 1900					
0800 2000					
0900 2100					
1000 2200					
1100 2300					
1200 0000					
1300 0100					
1400 0200					
1500 0300					
1600 0400					
1700 0500					
1800 0600					

BEFORE HANDOVER

- ☐
- ☐
- ☐
- ☐
- ☐

CALLS TO MAKE

- ☐
- ☐
- ☐
- ☐
- ☐

NOTES

Keep identifiers to the minimum your unit allows. Never take this sheet off the unit. Shred it at the end of your shift.