Community Nurse End-of-shift Questions

Date: _____ Shift Length: From _____to_____ (hh:mm)

Worksite/Program: _____

Point-of-Care Nurses

Please initial below based on your opinion:

End-of-Shift			
Were there sufficient nursing staff present to meet the direct client care needs of all clients during the shift?		Were clients or client care deferred?	
Yes	**No**	**Yes**	**No**

Note: *The End of Shift Question does not alter or replace any applicable policies, procedures or BCCNM standards that require nurses to report and/or document safety events or concerns.*