

Acute Care Nurse End-of-shift Question

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

Worksite: _____ Unit: _____

Point-of-Care Nurses

Please initial below based on your opinion:

End of Shift	
Were there sufficient nursing staff to meet the direct patient care needs of all patients during the shift?	
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.