**How to Give a Killer Shift Report in Under 5 Minutes**
*Say What Matters and Leave the Rest*

**🧠 Introduction: No One Wants a 20-Minute Monologue**

Shift report is sacred—but it shouldn’t feel like an audiobook. You’ve got 20+ residents to hand off, meds to finish, and a fresh nurse standing there with one eyebrow raised, already late to check her blood sugars. A good report is **clear, fast, and focused on what matters**.

If you’ve ever thought, *“Should I tell her about the time Mr. D fell in 1997?”* the answer is no. Here’s how to give a **tight, efficient, and useful report** that gets the next nurse up to speed—without putting them to sleep.

**⏱️ Rule #1: Stick to the 5-Minute Window**

You’re not writing a novel—you’re **passing the baton.** The goal is to hand off essential information, not rehash your whole shift. If each resident takes more than 30–45 seconds, you’re doing too much.

**🧾 Use This Simple Format: SBAR on Steroids**

This structure keeps you on track and shaves minutes off your handoff.

**S – Situation**

* Who is this resident?
* Why are they on your radar?
* Code status (ALWAYS include this)

🗣️ *Example:*
“Mr. James, 89, full code, recent fall three days ago with hip fracture. Awaiting ortho consult.”

**B – Background**

* Brief diagnosis or relevant history
* Baseline mental and mobility status
* Chronic conditions affecting care

🗣️ *Example:*
“Diabetic, CHF, dementia—baseline is confused but pleasant. Usually assist of 1 for transfers.”

**A – Assessment**

* Anything off during your shift?
* New behaviors, VS changes, wounds, pain, etc.
* PRNs given and outcome

🗣️ *Example:*
“Refused lunch and was more lethargic than usual. BP dropped to 92/56—gave fluids, improved slightly. No fever, urine clear.”

**R – Recommendation**

* What needs follow-up next shift?
* Labs pending, meds to watch, behaviors to monitor
* Plan of care

🗣️ *Example:*
“Monitor BP and intake. If he skips dinner too, consider alerting provider. Labs due tomorrow AM.”

**🔥 Hot Tips to Make Report Actually Useful**

**✅ Start with the Sickest**

Don’t go room-by-room alphabetically. Prioritize:

* New admits
* Unstable residents
* Anyone with behavior issues, falls, or pending labs/orders

**✅ Avoid Fluff**

No one needs to know that Ms. B didn’t like her Jello. Unless it’s *clinically relevant*, leave it out.

**✅ Say It Like You Mean It**

Speak with confidence. No mumbling, no flipping through papers. If it’s important, say it **clearly and once**.

**✅ Have a Cheat Sheet**

Write down room numbers and key points before starting report. Keep it structured so you’re not bouncing around.

**🚫 Report Red Flags: Don’t Be *That* Nurse**

* “Everything’s fine.” (False. Always false.)
* “I don’t know.” (Unacceptable unless you genuinely tried to find out.)
* Rambling stories about your 3 PM interaction with dietary
* Skipping code status (this is legal protection—don’t skip it)

**🕊️ Final Takeaway: Say What Matters. Leave the Rest.**

A killer shift report is about **clinical relevance, not storytelling.** You’re passing the torch—give your coworker what they need to keep the resident safe and stable. Trust that if something comes up, they’ll see it in the chart (or in the hallway yelling your name).

Keep it short, sweet, and smart. Because *you’re not just handing off residents—you’re handing off trust.*