

### Clinical Peer Review Change of Shift Feedback

Clinician: \_\_\_\_\_

Peer Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Nursing Best Practice standards in use:</b>	<b>Standard Met</b>	<b>Area for Improvement</b>
Foley bag and tubing position		
IV bag and tubing labeled and current		
Turn schedule maintained		
Skin assessment completed		
Chlorhexidine bath if indicated		
Pain controlled and documented		
Hourly rounds		
Fall precautions implemented		
Education & Discharge planning underway		
White board updated		
Patient/ Family aware of plan		
Patient / Family goals documented		
SBAR communication		
Bedside change of shift report		
IDEAL hand off of care		