



12-HOUR NURSE SHIFT PLANNER

Complete Daily Organizer for Day & Night Shift | Print & Reuse Every Shift

■	Page 3–4	Day Shift Planner	Complete 7AM–7PM with hourly timeline, patient slots, med tracking
■	Page 5–6	Night Shift Planner	Complete 7PM–7AM with overnight priorities and morning handoff
■	Page 7	5-Patient Assignment Grid	Detailed tracking for up to 5 patients in one view
■	Page 8	Priority Task Matrix	Urgent vs. important task organizer with time blocks
■	Page 9	Medication Admin Tracker	Scheduled med log with verification checkboxes
■	Page 10	End-of-Shift Checklist	Documentation, handoff prep, and self-care closeout

■ Day & Night Versions	■ Hourly Timeline	■ Medication Tracker	■ Handoff Checklist	■ Self-Care Reminders
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12-HOUR DAY SHIFT PLANNER

7:00 AM – 7:00 PM • Print & Reuse

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NURSE: _____

DATE: _____

UNIT: _____

ASSIGNMENT: _____

MORNING GOALS & PRIORITIES

1. _____	2. _____	3. _____
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HOURLY TIMELINE	
TIME	TASKS / ASSESSMENTS / NOTES
0700	
0800	■ Meds Due
0900	
1000	■ Break time
1100	
1200	■ Meds Due
1300	■ Lunch break
1400	
1500	■ Meds Due
1600	
1700	
1800	■ End-of-shift prep
1900	

PATIENT QUICK REFERENCE	
PATIENT 1	
RM / BED:	
PATIENT NAME / MRN:	
DX / REASON FOR ADMISSION:	
CODE STATUS:	
ALLERGIES:	
KEY LABS/VS:	
PRIORITY TASKS:	
NOTES:	
PATIENT 2	
RM / BED:	
PATIENT NAME / MRN:	
DX / REASON FOR ADMISSION:	
CODE STATUS:	
ALLERGIES:	
KEY LABS/VS:	
PRIORITY TASKS:	
NOTES:	
PATIENT 3	
RM / BED:	
PATIENT NAME / MRN:	
DX / REASON FOR ADMISSION:	
CODE STATUS:	
ALLERGIES:	
KEY LABS/VS:	
PRIORITY TASKS:	
NOTES:	
PATIENT 4	
RM / BED:	
PATIENT NAME / MRN:	
DX / REASON FOR ADMISSION:	
CODE STATUS:	
ALLERGIES:	
KEY LABS/VS:	
PRIORITY TASKS:	
NOTES:	

12-HOUR NIGHT SHIFT PLANNER

7:00 PM – 7:00 AM • Print & Reuse

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NURSE: _____

DATE: _____

UNIT: _____

ASSIGNMENT: _____

■ ■ EVENING GOALS & PRIORITIES

1. _____	2. _____	3. _____
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HOURLY TIMELINE	
TIME	TASKS / ASSESSMENTS / NOTES
1900	
2000	■ Meds Due
2100	
2200	■ Break time
2300	
0000	■ Meds Due
0100	
0200	■ Break time
0300	
0400	■ Meds Due
0500	
0600	■ Morning prep / VS
0700	

PATIENT QUICK REFERENCE	
PATIENT 1	
RM / BED:	
PATIENT NAME / MRN:	
DX / REASON FOR ADMISSION:	
CODE STATUS:	
ALLERGIES:	
KEY LABS/VS:	
PRIORITY TASKS:	
NOTES:	
PATIENT 2	
RM / BED:	
PATIENT NAME / MRN:	
DX / REASON FOR ADMISSION:	
CODE STATUS:	
ALLERGIES:	
KEY LABS/VS:	
PRIORITY TASKS:	
NOTES:	
PATIENT 3	
RM / BED:	
PATIENT NAME / MRN:	
DX / REASON FOR ADMISSION:	
CODE STATUS:	
ALLERGIES:	
KEY LABS/VS:	
PRIORITY TASKS:	
NOTES:	
PATIENT 4	
RM / BED:	
PATIENT NAME / MRN:	
DX / REASON FOR ADMISSION:	
CODE STATUS:	
ALLERGIES:	
KEY LABS/VS:	
PRIORITY TASKS:	
NOTES:	

5-PATIENT ASSIGNMENT GRID

Detailed Tracking • All 5 Patients in One View

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DATE: _____	SHIFT: <input type="checkbox"/> Days <input type="checkbox"/> Nights		UNIT: _____	NURSE: _____	
FIELD	PT 1	PT 2	PT 3	PT 4	PT 5
ROOM / BED					
PATIENT NAME / MRN					
PRIMARY DX					
PROVIDER / MD					
CODE STATUS					
ALLERGIES					
VITALS HR: BP: RR: Temp: SpO ₂ : Pain:					
IV ACCESS (site / gauge / date)					
KEY LABS					
MEDS DUE (time / drug / dose)					
PENDING ORDERS					
TASKS THIS SHIFT					
ISOLATION <input type="checkbox"/> Y <input type="checkbox"/> N Type:					
FOLEY / DRAINS					
NOTES / PLAN					

■ END-OF-SHIFT CHECKLIST

Documentation • Handoff Prep • Self-Care • Close-Out

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NURSE: _____

DATE: _____

SHIFT: ■ Days ■ Nights

UNIT: _____

■ DOCUMENTATION CHECKLIST

- All nursing notes completed and signed
- Vital signs charted for all patients
- All medications documented (MAR updated)
- IV site assessments documented
- Intake & output totals recorded
- All lab results reviewed and addressed
- MD notifications documented (SBAR)
- Patient education documented
- Wound care documented (if applicable)
- Restraint assessments completed (if applicable)
- All orders verified and acknowledged
- Incident/occurrence reports filed (if needed)
- Fall risk and pressure ulcer assessments up to date
- Discharge instructions given and documented

■ HANDOFF (SBAR) PREP

S	SITUATION	Patient name, room, DX, what happened this shift:
B	BACKGROUND	Relevant PMH, vitals trend, key events:
A	ASSESSMENT	Current status, abnormal findings, concerns:
R	RECOMMENDATION	What incoming nurse needs to know, pending tasks:

■ SELF-CARE CHECK-IN

- Drank enough water today
- Ate at least one real meal
- Took both my scheduled breaks
- Debriefed after stressful events
- Left work on time (or close)
- Have a plan to decompress tonight

■ SHIFT REFLECTION (optional but recommended)

What went **WELL** this shift?

What was **CHALLENGING**?

What will I do **DIFFERENTLY** next shift?

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