

# Care Continuity During Provider Shift

**Date:** [Insert Date]

**To:** [Incoming Provider's Name]

**From:** [Outgoing Provider's Name]

## Patient Care Summary

**Patient Name:** [Patient's Name]

**Room Number:** [Room Number]

**Medical Record Number:** [MRN]

### Current Condition:

[Brief overview of the patient's current condition]

### Recent Interventions:

- [Intervention 1]
- [Intervention 2]
- [Intervention 3]

### Pending Assessments:

- [Assessment 1]
- [Assessment 2]

### Medications:

[List any current medications, dosages, and schedules]

### Plan for Care:

[Outline the care plan moving forward]

### Contact Information:

If you have any questions, please feel free to reach me at [Outgoing Provider's Contact Information].

Thank you for your continued care of this patient.

Sincerely,

[Outgoing Provider's Name]

[Date & Time of Shift Change]