Pending Labs & Results: Shift-to-Shift Follow-Up Sheet

Bedside & SNF Diagnostic Tracking, Closed-Loop Communication & Shift Handoff Tool

Client Identifier / Rm-Bed:	Primary Provider:	Date / Shift:	Off-Going RN:

CRITICAL ESCALATION MANDATE: Critical panic laboratory values, acute respiratory distress, or clinical deterioration require **IMMEDIATE verbal notification** and emergency escalation under facility protocol. Completing or updating this tracking sheet must **NEVER delay** urgent provider contact, rapid response, or emergency bedside intervention.

DIAGNOSTIC TRACKING BLOCK 1

STATUS: [ ] Awaiting Result [ ] Awaiting Review [ ] Action Pending [ ] Complete

Test / Order: **Ordered Time:** **Collected Time:** **Ordering Clinician:**

Clinical Indication / Question: **Lab:** [ ] In-House [ ] Send-Out **Expected:** **Owner:**

Resulted Date/Time: **Value / Finding:** **EMR Chart Location:** **Finding:** [ ] Norm [ ] Abn [ ] Crit

Provider Contacted: **Method:** [ ] Verbal [ ] EMR [ ] Page **Time Notified:** **Ack'd (Y/N):**

Paging or messaging alone does NOT establish closed-loop communication. Direct verbal or written acknowledgment required.

Next Clinical Action: **Action Owner & Target:** **Handoff Recipient RN:** **On-Coming Ack:**

DIAGNOSTIC TRACKING BLOCK 2

STATUS: [ ] Awaiting Result [ ] Awaiting Review [ ] Action Pending [ ] Complete

Test / Order: **Ordered Time:** **Collected Time:** **Ordering Clinician:**

Clinical Indication / Question: **Lab:** [ ] In-House [ ] Send-Out **Expected:** **Owner:**

Resulted Date/Time: **Value / Finding:** **EMR Chart Location:** **Finding:** [ ] Norm [ ] Abn [ ] Crit

Provider Contacted: **Method:** [ ] Verbal [ ] EMR [ ] Page **Time Notified:** **Ack'd (Y/N):**

Paging or messaging alone does NOT establish closed-loop communication. Direct verbal or written acknowledgment required.

Next Clinical Action: **Action Owner & Target:** **Handoff Recipient RN:** **On-Coming Ack:**

DIAGNOSTIC TRACKING BLOCK 3

STATUS: [ ] Awaiting Result [ ] Awaiting Review [ ] Action Pending [ ] Complete

Test / Order: **Ordered Time:** **Collected Time:** **Ordering Clinician:**

Clinical Indication / Question: **Lab:** [ ] In-House [ ] Send-Out **Expected:** **Owner:**

Resulted Date/Time: **Value / Finding:** **EMR Chart Location:** **Finding:** [ ] Norm [ ] Abn [ ] Crit

Provider Contacted: **Method:** [ ] Verbal [ ] EMR [ ] Page **Time Notified:** **Ack'd (Y/N):**

Paging or messaging alone does NOT establish closed-loop communication. Direct verbal or written acknowledgment required.

Next Clinical Action: **Action Owner & Target:** **Handoff Recipient RN:** **On-Coming Ack:**

CLINICAL BOUNDARY & LEGAL NOTICE: Supplemental bedside workflow aid only. Does not replace the facility EHR, official laboratory reports, or institutional critical-action protocols. Never leave unmasked patient identifiers on unmanaged paper. Destroy or file according to facility HIPAA / PHI retention policies.