

Handover proceedings sheet (please complete in block capitals)

➤ Handover details

Ward or unit _____
Handover venue _____
Date _____ Start time _____ Finish time _____ Duration _____
Handover lead _____

➤ Ongoing chain of care

Outgoing senior doctor (consultant/SpR/etc) _____
Incoming senior doctor (consultant/SpR/etc) _____
Outgoing senior nurse (ward manager/staff nurse/etc) _____
Incoming senior nurse (ward manager/staff nurse/etc) _____

➤ Number of patients handed over

Red _____
Amber _____
Green _____

➤ Special attention

Sick patient(s) _____
Patient transfers/death _____
Staffing/equipment concerns _____

➤ Present

Name _____	Role _____
Name _____	Role _____
Name _____	Role _____
Name _____	Role _____
Name _____	Role _____
Name _____	Role _____

➤ Notes

Prompt start? (within 2 mins of schedule) Yes/No
Interruptions? Yes/No
Relevant documentation available? Yes/No