

Handover Assessment Tool for Admissions

Full Name:
Address: Addressograph
HCR.....

BOOKING DETAILS

Patient Name		Age	
Date of Booking		Time of Booking	
Booked in by		Coming from	
Consultant Name			
Isolation Status			

IDENTITY

SITUATION – Presenting Complaint

BACKGROUND – Previous Medical History

Assessment

Medical Actions (P)		Essential Questions	
CONSENT:	MROC R/V:	SROC R/V:	PICU R/V:
KARDEX:	LP:	BLOODS:	CULTURES:
URINE/STOOL:	ULTRASOUND:	NPA:	COVID SWAB: TIME:
SWABS: RECTAL: EYE: WOUND: THROAT:	X-RAY:	OTHER:	

Handover Assessment Tool for Admissions

Full Name:
Address: Addressograph
HCR:.....

Assessment

Nursing Actions (P):

Please consider and document last time an action was performed.

RESP STATUS:	COLOUR:	TEMP:	O2:
AIRVO:	CPAP:	FASTING STATUS:	BLOODS GLUCOSE:
TFI/OUTPUT:	PO/NGT FEEDS:	IVF/IVF BOLUS:	IV ABX:
ANALGESIA:	SUCTIONING:	NEBS:	OTHER:

Recommendations

Medical Treatment:

Plan and next review as per MROC/SROC/PICU REG:

RECEIVING NURSE

Nursing Student (<i>print name</i>):.....	NMBI :.....
Registered Nurse Name (<i>print name</i>):.....	NMBI :.....
Receiving Ward:	

To be filed in the ward folder at the nurses station