

Doctor-Doctor Patient Handover

Date:

Patient name:

Hospital number:

Time of handover:

S	Severity of illness e.g. Minor, resus, majors pt in minors	Patient currently located (circle as appropriate):	Majors Minors Resus Paediatric area
B	Background i.e. Brief summary		
A	Action plan i.e. To do list	Please ensure review & documentation of the following (<i>circle as appropriate</i>):	X-rays/other imaging Blood test results ECG Further assessment Discussion with senior Referral to speciality
R	Responsible Doctor receiving handover (<i>print name</i>)	Ensure responsible doctor has updated symphony	Yes No

Handover given by (print Doctor name):

Signed: