Justice Health and
Forensic Mental Health Network

Justice Health NSW Policy

Clinical Handover

Issue Date: 05 May 2023

Together for
Healthier Tomorrows

Clinical Handover

Policy Number 1.075

Policy Function Continuum of Care

Issue Date 05 May 2023

Next Review Date 05 May 2026

Risk Rating High

Summary Clinical handover is the transfer of information, accountability and responsibility for a patient or group of patients. Standardisation of key principles for clinical handover will aid effective communication in all clinical situations, facilitate care delivery and contribute to improved safety of patient care.

This policy establishes a standard set of key principles for all types of clinical handover in accordance with NSW Ministry of Health policy directive PD2009_060 Clinical Handover – Standard Key Principles.

Responsible Officer General Manager, Primary Care

Applies to

☐ Administration Centres
☒ Community Sites and programs
☒ Health Centres - Adult Correctional Centres or Police Cells
☒ Health Centres - Youth Justice Centres
☒ Long Bay Hospital
☒ Forensic Hospital

CM Reference POLJH/1075

Change summary

- Wording changes and change the Network to Justice Health NSW
- Change title of policy to Clincal Handover – applyint the standard key principles
- Updated hyperlinks to the new Intranet

Authorised by Chair, Policy Steering Committee

Revision History

#	Issue Date	Number and Name	Change Summary
3	May 2023	1.075 Clinical Handover	• Wording changes and change the Network to Justice Health NSW • Change title of policy to Clincal Handover – applyint the standard key principles • Updated hyperlinks to the new Intranet

2	February 2019	1.075 Clinical Handover	• Recofiguration to align with the current policy template • Update of legislation, policies and procedures
1	May 2015	1.075 Clinical Handover	• Recofiguration to align with the current policy template • Update of legislation, policies and procedures

PRINT WARNING

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Always refer to the electronic copy for the latest version.

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Table of Contents

1. Preface 5
2. Policy Content 5
   2.1 Roles and Responsibilities 5
   2.2 Mandatory Requirements 5
   2.3 Implementation – Roles & Responsibilities 5
3. Procedure Content 7
   3.1 Clinical Handover – Standardised Format 7
   3.2 Clinical Handover Scenarios 8
   3.3 Training 14
   3.4 Monitoring and Evaluating 14
4. Definitions 14
5. Related Documents 15

Appendix 1 – Clinical Handover Tool/Checklist 17
Appendix 2 – Clinical Handover – patient transfer using ISBAR 18
Appendix 3 – GP Handover Form 19

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1. Preface

Clinical handover is the effective transfer of information, accountability and responsibility for a patient or group of patients. Standardisation of key principles for clinical handover will aid effective communication in all clinical situations, facilitate care delivery and contribute to improved patient safety.

Implementation of this policy will aid effective, concise and complete communication in all clinical situations and will facilitate delivery of care.

2. Policy Content

2.1 Roles and Responsibilities

Justice Health and Forensic Mental Health Network (Justice Health NSW) clinicians must implement the Standard Key Principles for clinical handover outlined in this policy, regardless of a patient's clinical diagnosis, location or time of day. Compliance with the Standard Key Principles for clinical handover will improve the transfer of information, accountability and responsibility for patient care.

2.2 Mandatory Requirements

The importance of implementing safe clinical handover has been recognised and mandated under NSW Ministry of Health Policy Directive PD2019_020 *Clinical Handover* Justice Health NSW has adopted the following **Standard Key Principles for Clinical Handover**:

1. **Patient/Family/Carer involvement** – involve patients/family/carer in handover process where possible.
2. **Leadership** – nominate a leader at each clinical handover.
3. **Valuing Handover** – set an expectation that this is an essential part of daily work.
4. **Handover Participants** – identify participants, and involve participants in the handover process.
5. **Handover Time** – set a time, duration and frequency of handover, expect punctuality.
6. **Handover Place** – set a specific location, preferably face to face.
7. **Handover Process –** Justice Health NSW will use handover tools based upon the handover framework - Introduction, Situation, Background, and Assessment & Recommendation (ISBAR).

These Standard Key Principles for clinical handover apply to all clinical staff employed by Justice Health NSW. All clinical handover events must meet these requirements.

2.3 Implementation – Roles & Responsibilities

Roles and responsibilities are also outlined according to clinical handover scenarios in Section 4.2 Clinical Handover Scenarios: Tables A to F.

Chief Executive is responsible for:

- Assigning responsibility and resources to implement the Standard Key Principles for Clinical Handover.

- Reporting on the implementation and evaluation of the Standard Key Principles for Clinical Handover to the NSW Ministry of Health.

Executive Directors are responsible for:

- Ensuring that each directorate has a process in place to handover patient care and critical information.
- Ensuring there is a system in place to monitor and evaluate clinical handover.
- Ensuring any potential or actual risks identified have been actioned.
- Ensuring there is provision to train staff in clinical handover.

Co-Directors, Network Director of Nursing and Midwifery Services, Service Directors, Nurse Managers (including the After Hours Nurse Manager) are responsible for:

- Ensuring Executive Directors, Clinical Directors and Co-Directors are notified of any patients of concern.
- Ensuring clinical handover processes within their areas of responsibility are in line with the Standard Key Principles and ISBAR Framework.
- Ensuring monitoring and review of clinical handover is undertaken.
- Escalating audit results (including any identified risks and planned actions of improvement) to Executive Directors, Clinical Directors and Co-Directors.

Nursing Unit Manager, Nurse-In-Charge are responsible for:

- Implementing the Standard Key Principles of Clinical Handover using a handover tool that adheres to the ISBAR Framework. Establishing agreed times, durations, processes and frequencies for clinical handovers to occur.
- Saving Clinical Handover documentation in local Content Manager folders.
- Monitoring and evaluating local clinical handover on a regular basis through 6 monthly Quality Audit Reporting System (QARS) audits, with feedback of results, risks and action plans to all stakeholders.
- Escalating results of audits (including any identified risks and actions plans) to the Nurse Manager and Stream Clinical Risk Meetings.
- Capturing audits and results of audits in QARS reporting system.
- Ensuring the Standard Key Principles for Clinical Handover in this Policy are included in the local orientation and in service programs for all new and current clinical staff.
- Ensuring the After Hours Nurse Manager, Cluster Nurse Managers and relevant Remote On-Call After Hours Medical Service (ROAMS) Clinician are provided with a clinical handover of any patients of concern.

General Practitioners, Nurse Practitioners and other nurse clinicians are responsible for:

- Participating in a clinical handover of patients (and their Management/Care Plans) seen in their clinic session. Clinicians must not leave the health centre (if a face to face session) before delivering a handover to the NUM/NIC or their delegate. If the Clinician completed the consultation via telehealth, then the Clinician must email a handover to the NUM/NIC or their delegate.

- Ensuring the Standard Key Principles and ISBAR Framework are included in the handover process.
- Ensuring any information regarding deteriorating patients or patients of concern is handed over to ROAMS, the GP Teleround and Health Centre NUM/NIC.
- Ensuring any information handed over is also documented in the patient's health record.
- Participating in the monitoring and evaluation of clinical handover.
- Adhering to the ROAMS Policy and Protocol.

All Nurses are responsible for:

- Ensuring work practices are consistent with the Standard Key Principles for Clinical Handover.
- Ensuring any tools used follow the ISBAR Framework and have been endorsed by the Stream Managers.
- Attending and participating in the clinical handover each shift of all patients in their care.
- Ensuring that they understand the information they are receiving during handover, and if not to seek clarification from the person who is handing over.
- Ensuring any information handed over is also documented in the patient's health record.
- Early escalation of any concerns regarding a patient to the NUM /NIC (and relevant medical officer if on-site).
- Participating in the monitoring and evaluation of clinical handover.

Allied Health staff are responsible for:

- Attending and participating in the handover process in the health centre or inpatient facility.
- Ensuring that critical patient information is handed over to the NUM/NIC if not present for the formal handover.
- Ensuring a process is in place to facilitate handover of patient care to other clinicians.
- Ensuring the Standard Key Principles and ISBAR Framework are included in the handover process.
- Ensuring any information handed over is also documented in the patient's health record.
- Participating in the monitoring and evaluation of clinical handover.

3. Procedure Content

3.1 Clinical Handover – Standardised Format

The clear communication and documentation of clinical handover are improved by a standardised format, such as the ISBAR Framework. ISBAR provides a framework for how confidential clinical information is conveyed between people in a consistent and reliable way. All instances of clinical handover should be documented and saved in local folders by the NUM or NIC.

The ISBAR Framework is the format that Justice Health NSW adopts for Clinical Handover:

I – Introduction

- Introduce yourself and your role in the patient's care.
- State the unit you are calling from (if speaking by phone).

S – Situation

- Specify the patient's name, age, diagnosis and current condition (including observations).
- Explain the current situation.

B – Background

- State the admission date of the patient, diagnoses, and relevant medical history.
- Give a brief synopsis of what has been done so far (e.g. lab tests).
- Advise of any safety alerts that staff need to be aware of, e.g. work health and safety risks, aggression, manual handling risk.

A – Assessment

- Give a summary of the patient's condition.
- Note clearly the trend in patient observations.
- Explain what you think the problem is, or say, "I'm not sure what the problem is, but the patient's condition is deteriorating."
- Expand upon your statement with specific signs and symptoms.

R – Recommendation

- Explain what you would like to see done (e.g. lab tests, treatments, or "I need you to see the patient now").
- Repeat back any new treatments or changes to the care plan (e.g. monitoring and frequency, or when to re-notify the medical officer if there is no improvement in the patient).

Examples of tools for Clinical Handover using the ISBAR Framework are attached as Appendix 1, 2 and 3. Staff can modify the tools, or use a different tool, so long as it meets the requirements of the Standard Key Principles and ISBAR Framework. Clinical Handover tools must be endorsed by stakeholders nominated within each Justice Health NSW Stream.

3.2 Clinical Handover Scenarios

Clinical handover is required in everyday work and may be face to face (preferred), or via email, telephone or Audio Visual Link (AVL). A huddle should be held prior to or after bedside handover. It is the responsibility of all staff to handover clinical information in a timely and accurate manner using the ISBAR Framework. It is the responsibility of all staff to ensure they understand the information being handed over to them – as per the ISBAR Framework above, staff are required to repeat back information, and ask questions. In Justice Health NSW, the scenarios where Clinical Handover is required can be broadly grouped under the following categories A to F:

A. Clinical Handover of the Deteriorating Patient, Patients of Concern and Emergency Scenarios

B. Clinical Handover of Patients at Reception to Custody (including Requests for Information)

C. Clinical Handover of Patient Transfers between Custodial Centres

D. Patient Transfer to and from External Providers (including Handover of Correspondence and Results)

E. Shift to Shift and Clinic Session Handover (including Remote Off-site and After Hours Clinical Handover, and Handover to Corrective Services NSW and Youth Justice NSW)

F. Patient Discharge from Custody (Expected and Unexpected Discharges)

The roles, responsibilities and related Policies and Procedures for each of these handover scenarios are outlined below in Tables A to F:

Table A. Clinical Handover of the Deteriorating Patient, Patients of Concern and Emergency Scenarios

There are situations between clinic sessions and shift handovers when clinically deteriorating patients need urgent assessment, treatment, monitoring and transfer to local hospitals. This information requires handover.

Handover Scenario	Handover What and When	Handover From	Handover To
A.1.Patient of Concern* identified in clinic	Patient concerns and observations handed over as soon as practical	Health Centre Clinical Staff	ROAMS Clinician And AHNM Adolescent Health senior managers, CD and AH Leadership Team *In addition, consider also handing over to:* Daily GP Teleround and/or relevant Clinical Director
A.2. Deteriorating Patient or Emergency Scenario	Follow Emergency Response Guidelines And Emergency Response Form, SAGO Observations *Once Emergency situation managed:* Document in eProgress notes	Health Centre Clinical Staff Health Centre Clinical Staff	Ambulance Staff And Corrective Services NSW Youth Justice NSW Emergency Department staff ROAMS Clinician and AHNM *In addition, consider also handing over to:* Daily GP Teleround and/or relevant Clinical Director

***Patients of Concern include pregnant women, confused/delirious patients, patients intoxicated or in withdrawal, unstable diabetics, acute or unstable asthmatics, new patients on OAT, suicidal patients, patients on RITs, patients 12 years of age or under, patients with fractures, patients with acutely deteriorating mental health, or any other clinically deteriorating patient.**

Table B. Clinical Handover of Patients at Reception to Custody (including ROI)

Patients are received into custody from the community, local hospitals, police cells and court. There is a variety of clinical information for handover in each of these situations. The handover process should incorporate the SOAP or ISBAR tools.

Handover Scenario	Handover What and When	Handover From	Handover To
B.1 Patient received from: Police cells	*Police Cells Form* *Reception Screening Assessment (if time permits)*	*Police Cells Clinician*	*Health Centre Nursing Staff (who liaises with AHNM/ROAMS clinician for ongoing Patient Care Plan)*
Court	*Court Assessment*	*Court Clinician Aboriginal Court and Community Team Clinician*	
Local Hospital	*Local Hospital Discharge Summary*	*Local Hospital*	
Directly from Community	*Community Service Provider Health Summary*	*Community Service Provider*	
	Community Integration Team Assessment	*Community Integration Team Clinician*	
	Connections/OAT Clinic Summary	*Connections/OAT Clinician*	
B.2 Additional Health Information required based upon Reception Assessment	Request for Information (ROI) sent as soon as practical	Health Centre Nursing staff	Health Centre Administration staff (to External Provider)
B.3 ROI delayed, incomplete, or information not found by External Agency	Incomplete ROI to be escalated according to urgency of request	What about the ROI clerk?	Health Centre NUM/NIC *(who liaises with Integrated Care Service)*

Table C. Patient Transfer between Custodial Centres and Long Bay Hospital (LBH)

Justice Health NSW patients are frequently transferred between Custodial Centres and Long Bay Hospital, and requires clinical handover to be current.

Handover Scenario	Handover What and When	Handover From	Handover To
C.1 Patient for transfer between Custodial Centres	Transfer of Care Summary Medical appointments PAS Waitlists Medications Alerts Health Problem Notification Form (HPNF) Patients of concern *(handover before transfer if possible)*	Nursing Staff Custodial Health Centre 1 *(who also liaises with Integrated Care Service)* *Nursing Unit Manager transferring Health Centre*	*Nursing Staff Custodial Health Centre 2* *Nursing Unit Manager receiving Health Centre*

Table D. Patient Transfer to and from External Providers (including Handover of Correspondence and Results)

Patients regularly require planned and unplanned transfers to External Health Care Providers. Staff must ensure that appointments are made and attended with current referrals, investigation results and other relevant information. Staff must ensure investigation results and external correspondence from external providers are received upon return of the patient to the centre. Staff must action any Care Plans or results with ROAMS, and scan correspondence into JHeHS for clinician sign off.

Handover Scenario	Handover What and When	Handover From	Handover To
D.1 Patient needs External Provider Service	Referral Letter and Request for Appointment	Health Centre Referring Clinician	Health Centre Nursing Staff and Administrative Staff *(who liaises with Medical Appointments Unit and Integrated Care Service)*
D.2 Appointment not made, not attended or cancelled	Appointment details not forthcoming within an allocated timeframe	Health Centre Administrative Staff	Health Centre NIC/NUM *(who liaises with Medical Appointments Unit and Integrated Care Service)*
D.3 Appointment attended and patient returns with Care Plan from External Provider	EProgress note in JHeHS regarding External Provider Care Plan as soon as practical	Health Centre Nursing Staff	ROAMS Clinician

D.4 Appointment attended and patient returns without any paperwork	ROI to External Provider for care Plan as soon as practical	Health Centre Administration Staff	External Provider and NUM/NIC *(who actions with ROAMS clinician and/or Integrated Care)*

Table E. Shift-to-Shift and Clinic Session Handover (including Remote Off-site and After Hours Clinical Handover, and Handover to Corrective Services NSW and Youth Justice NSW

Documented clinical handover from all clinicians must take place at the start and finish of each shift and at the end of each clinic session or ROAMS session in all Justice Health NSW clinical sites. In clinics without 24 hour staffing, the handover document should be accessible to the next shift of staff. Use of communication books and diaries for handover is discouraged. Handover documents should be saved in local content manager folders at the end of the shift or clinic session by the NUM or NIC.

Handover Scenario	Handover What and When	Handover From	Handover To
E.1 Start of shift in Health Centre or LBH	Patient concerns and Care Plans from previous shift	Nursing Staff	All Clinic Staff on duty
Start of ROAMS shift	ROAMS Shift Handover Reports	ROAMS Clinicians	Next ROAMS Clinicians and Email report to *.After Hours Reports*
Start of AHNM shift	AHNM Shift Handover Report	AHNM	Next AHNM and Email report to *.After Hours Reports*
E.2 Patient receives treatment for non-urgent issue in Health Centre or LBH*	Patient Care Plan at shift handover, or end of clinic session HPNF/HPNEF communication about patient care for Custodial Staff	Health Centre Clinical Staff Health Centre Nursing Staff	All Clinic Staff on duty *(NUM or NIC if other staff unavailable)* CSNSW YJ NSW Private operators

*** For urgent issues, see Table A. Clinical Handover of the Deteriorating Patient, Patients of Concern and Emergency Scenarios**

Table F. Patient Discharge from Custody (Expected and Unexpected Discharges)

Patients are discharged from custody at expected and unexpected times, and may be released via court. Handover of care (Transfer of Care) must occur in all situations.

Handover Scenario	Handover What and When	Handover From	Handover To
F.1 Expected discharge of patient to community	Transfer of Care Summary Medical Officer Discharge Summary (for relevant patients) Medications Appointments *(handover prior to discharge if possible)*	Health Centre Clinical Staff	Patient and/or Carer and Community Providers *Also consider whether the following staff should be involved in discharge plan:* Pharmacy Department Integrated Care Service Manager Aboriginal Health Integrated Care Service CSNSW YJ NSW Court and Community Team (CCT) Adolescent Court and Community Team (ACCT) Aboriginal Court and Community Team Clinician CIT Connections
F.2 Unexpected discharge of patient – already released	Transfer of Care Summary Medical Officer Discharge Summary (for relevant patients) Medications Appointments *(handover as soon as possible)*	Health Centre Clinical Staff *(Nursing Staff to notify attending Medical Staff and/or Clinical Director of unexpected patient release. The urgency of notification is dependent on the patient's clinical situation).*	Patient and/or Carer and Community Providers Aboriginal Community Controlled Health Organisations *Also consider whether the following staff should be involved in discharge plan:* Pharmacy Department Integrated Care Service CSNSW YJ NSW CCT ACCT CIT Connections

3.3 Training

Training in clinical handover must be included as part of the units' local orientation and in-service program. Online training is available on My Health Learning: Clinical Handover: Think, Talk and Write ISBAR Course code 39831743.

3.4 Monitoring and Evaluating

According to Ministry of Health Policy PD2019_020 *Clinical Handover*; clinical handover scenarios must be monitored and evaluated; all clinical settings must have an auditing process in place as per section 6.1, 6.3 and 6.4 of the *National Safety Quality Health Services Standard*, and completed at least once every six months and more frequently if clinical incidents are identified. The current process of auditing is coordinated by Clinical and Corporate Governance with handover audits arranged by Nurse Unit Managers and recorded on-line through QARS (Quality Audit Report System). The process must include;

- Formal auditing through QARS, which may involve auditing several handover scenarios (e.g. nurse-to-nurse; doctor-to-nurse).
- Snapshot observational audits if clinical incidents relating to clinical handover are identified, and based on audit outcomes.
- Collating the audit tool results, to identify any risks and trends.
- Capturing audits results in QARS and follow up evidence in local Content Manager Folders.
- Documenting actions and escalating identified risks at Stream Clinical Risk Meetings.
- Implementing the actions in consultation with management and staff.
- Reviewing the actions and any incident reports to determine whether the identified actions have been implemented and are effective.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

Clinical Staff

Centre Medical, Nursing, Allied Health, Dental, Designated Aboriginal Health Clinicians

Connections

Transitional Care for drug and alcohol patients

ROAMS Clinician

Medical Officers, registrars and Nursing Staff who provide remote on-call advice for ROAMS

5. Related Documents

Legislations	*Criminal Appeal Act 1912* *Health Administration Act 1982* *Mental Health Act 2007* *Mental Health (Forensic Provisions) Act 1990* *Mental Health (Forensic Provisions) Regulation 2009*
Justice Health NSW Policies, Guidelines and Procedures	1.036 *Health Assessment (Adolescents)* 1.037 *Admission Policy - (Aged Care Unit / Medical Unit) Long Bay Hospital (Referral, Admission and Assessment)* 1.111 *Court and Police Cell Complexes (Adults) Healthcare Responsibilities* 1.130 *Oral Health Services* 1.141 *Release Planning and Transfer of Care Policy – Adult to External Providers* 1.225 *Health Assessments in Male & Female Adult Correctional Centres and Police Cells* 1.231 *Health Problem Notification Form (Adults)* 1.235 *Health Problem Notification and Escort Form (Adolescents)* 1.252 *Access to Local Public Hospitals* 1.264 *Medical Appointments (External and Internal) – Referrals, Bookings and Cancellations* 1.300 *Remote Off-site After Hours Medical Services and After Hours Clinical Services* 1.331 *Referrals from Justice Health and Forensic Mental Health Network to Corrective Services NSW* 1.380 *Clinical Care of People Who May Be Suicidal (ImpG)* 1.395 *Transfer and Transport of Patients* 1.430 *Management and Care of Pregnant and Postnatal Women* 6.021 *Custodial Mental Health Operations Manual* 6.049 *Medical Guidelines* 6.060 *Transfer of Care Guidelines Adolescent Health* 6.138 *Recognition and Management of Patients who are Deteriorating* 6.139 *Custodial Mental Health Patient Flow* 6.217 *Management of Opioid Agonist Treatment*

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	9.054 *Screening and Diagnostics Management: Pathology, Radiology, and Electrocardiogram* *Adult Emergency Response Guidelines* *Business Rules: Follow-up of Patients Attending External Health Services Business Rules: Reception Screening Assessment Training* *Community Integration Team (CIT) Operational Guidelines* *JHFMHN Diabetes Pathway* *Medications between Correctional and Detention Centres* *Pas Guideline Medical Officers Clinic Session Guideline* *Remote/Offsite/Afterhours Medical Service (ROAMS) Protocol* *Formalised Procedures for the Management of PREMs* *Drug & Alcohol Services* *Custodial Mental Health*
NSW Health Policy Directives and Guidelines	PD2019_020 *Clinical Handover* PD2025_014 *Recognition and Management of Patients who are Deteriorating* PD2011_015 *Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals*
Other documents and resources	*Custodial Mental Health Operational Procedure Manual, March 2022, CSNSW* *Safe Handover: Safe Patients' Guideline (AMA, 2006), Australian Medical Association* *The National Safety and Quality Health Services Standards, Standard 6, Australian Commission on Safety and Quality Health Care*

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Appendix 1 – Clinical Handover Tool/Checklist

The Clinical Handover Sheet – uses ISBAR as the format for clinical handover and can be used as a tool/checklist for providing and receiving verbal handover from clinical staff either face to face or via telephone.

I – Introduction – introduce yourself and your role in the patient's care

S - Situation			**B - Background**		**A - Assessment**			**R - Recommendation**		
Name	Age	Diagnosis	Medical History	Alerts	• Current condition	• Signs/ symptom	• Observations	• Treatment plan/follow up	• Tests/ Results	• Referrals/ Appointments

Appendix 2 – Clinical Handover – patient transfer using ISBAR

Before making a call about clinical care

1. Assess the patient
2. Read the most recent notes
3. Have the medical notes ready

I Introduction	
S Situation	
B Background	
A Assessment	
R Recommendation	

Adapted from Hunter New England Local Health District

Appendix 3 – GP Handover Form

Our Values: Care, Clear Communication, Honesty, Professionalism, Respect

Australian Commission on Safety and Quality in Health Care Standard 6 Clinical

Handover Clinical Handover is the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients to another person or professional group on a temporary or permanent basis.

ISBAR Clinical Handover is to be conducted using the ISBAR structured communication tool.

Health Centre: Date:

Patients reviewed this shift

Introduction		**Situation and background**	**Assessment**	**Recommendation**
Patients Name/DOB	**MIN**	**Presenting problems Clinical history & diagnosis of patients of concern**		**Tick / Circle / highlight relevant box**
e.g Mr xxxx	*123456*	*Wound to left leg.* *T1DM – previous admission to hospital for IVABs for infected wound*	*Redness, purulent ooze*	○ Bloods Ordered ○ Regular vital signs/nursing review/wound care ○ Follow-up GP review required ○ New medication/dose ordered ○ ROI required/sent ○ Referral created and handed to nurse/clerk ○ Send to external hospital ○ DNA/Cancellation – marked on PAS ○ Other:
				○ Bloods Ordered ○ Regular vital signs/nursing review/wound care ○ Follow-up GP review required ○ New medication/dose ordered ○ ROI required/sent ○ Referral created and handed to nurse/clerk ○ Send to external hospital ○ DNA/Cancellation – marked on PAS ○ Other:
				○ Bloods Ordered ○ Regular vital signs/nursing review/wound care ○ Follow-up GP review required ○ New medication/dose ordered ○ ROI required/sent ○ Referral created and handed to nurse/clerk ○ Send to external hospital ○ DNA/Cancellation – marked on PAS ○ Other:

				○ Bloods Ordered ○ Regular vital signs/nursing review/wound care ○ Follow-up GP review required ○ New medication/dose ordered ○ ROI required/sent ○ Referral created and handed to nurse/clerk ○ Send to external hospital ○ DNA/Cancellation – marked on PAS ○ Other:
				○ Bloods Ordered ○ Regular vital signs/nursing review/wound care ○ Follow-up GP review required ○ New medication/dose ordered ○ ROI required/sent ○ Referral created and handed to nurse/clerk ○ Send to external hospital ○ DNA/Cancellation – marked on PAS ○ Other:
				○ Bloods Ordered ○ Regular vital signs/nursing review/wound care ○ Follow-up GP review required ○ New medication/dose ordered ○ ROI required/sent ○ Referral created and handed to nurse/clerk ○ Send to external hospital ○ DNA/Cancellation – marked on PAS ○ Other:
				○ Bloods Ordered ○ Regular vital signs/nursing review/wound care ○ Follow-up GP review required ○ New medication/dose ordered ○ ROI required/sent ○ Referral created and handed to nurse/clerk ○ Send to external hospital ○ DNA/Cancellation – marked on PAS ○ Other: