

# Out of hours handover (please complete in block capitals)

## Handover details

Handed over by \_\_\_\_\_ Handed over to \_\_\_\_\_

Day(s) covered by this handover (please circle)      **Mon**    **Tue**    **Weds**    **Thu**    **Fri**    **Sat**    **Sun**

Patient surname, forename date of birth, NHS hospital no	Responsible consultant, patient current location	Diagnosis/problem list/ differential diagnosis <small>(include any risks or warnings)</small>	Reason for handover	Outstanding issues <small>(tasks to be done)</small>	Aims and limitations of treatment <small>(eg resus/ITU/ventilation/ inotropes/active/ palliative/ surgery – yes/no)</small>
					Weekend discharge yes/no
					Weekend discharge yes/no
					Weekend discharge yes/no
					Weekend discharge yes/no
					Weekend discharge yes/no