

Clyde Emergency Departments Daily Handover

Site		Date	
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	Am	Pm
Person handing over		
Person receiving handover		

	Comments	Action	Date
Resuscitation room	All patients discussed	Am <input type="checkbox"/> pm <input type="checkbox"/>	
Patients requiring review	Specific patients discusses	Am <input type="checkbox"/> pm <input type="checkbox"/>	
Ward patients	All patients discussed Results requiring chased	Am <input type="checkbox"/> pm <input type="checkbox"/>	
Death reporting	Patient _____ Patient _____ Patient _____ Patient _____	GP <input type="checkbox"/> PF <input type="checkbox"/> certificate <input type="checkbox"/> crem form <input type="checkbox"/> GP <input type="checkbox"/> PF <input type="checkbox"/> certificate <input type="checkbox"/> crem form <input type="checkbox"/> GP <input type="checkbox"/> PF <input type="checkbox"/> certificate <input type="checkbox"/> crem form <input type="checkbox"/> GP <input type="checkbox"/> PF <input type="checkbox"/> certificate <input type="checkbox"/> crem form <input type="checkbox"/>	
Child protection	Child _____ Child _____	GP <input type="checkbox"/> HV <input type="checkbox"/> shared ref form <input type="checkbox"/> notes to secretary <input type="checkbox"/> GP <input type="checkbox"/> HV <input type="checkbox"/> shared ref form <input type="checkbox"/> notes to secretary <input type="checkbox"/>	
X-ray recalls	XR reports reviewed/actioned	<input type="checkbox"/>	
Equipment	Daily ventilator checks Daily US machine check	<input type="checkbox"/> <input type="checkbox"/>	
Situational awareness	Staffing Bed status Other		
Referral letters	Specialty referral letters vetted Chest pain assessment box checked	<input type="checkbox"/> <input type="checkbox"/>	
Discharged fractures	Cards/Xrays reviewed	<input type="checkbox"/>	
Other			