



CLINICAL HANDOVER QUESTIONNAIRE (DOWNTIME FORM)

To be completed by requester :

Left main stem stenosis > 70% AND stable



Poor cardiac function / Ejection fraction less than 20%



On Oxygen



Severe aortic stenosis



Patient with more than 2 chest drains



Infectious Disease



Acknowledged By :

NCL



Physiotherapy



Radiology



Name : _____

Signature: _____

Date & Time: _____