**SKILL: Patient Handover**

**LEARNER NAME: DATE: / /**

*\*\*Learner is required to handover patient to another healthcare professional*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **PERFORMANCE** | **Possible Points** | **Points Obtained** | **Competent** | **Omitted** |
|  | **Learner hands over patient as per scenario provided using “IMIST AMBO” Pneumonic** |  |  |  |  |
| 1 | I – Identification |  |  |  |  |
| 2 | M – Mechanism / Medical complaint |  |  |  |  |
| 3 | I – Injuries / Information related to the complaint |  |  |  |  |
| 4 | S – Signs |  |  |  |  |
| 5 | T – Treatment and Trends |  |  |  |  |
| 6 | A – Allergies |  |  |  |  |
| 7 | M – Medication |  |  |  |  |
| 8 | B – Background history |  |  |  |  |
| 9 | O – Other information |  |  |  |  |
|  | Candidate is advised - “Adequate pulse present” |  |  |  |  |

References:

* PHECC
* AHA

**Overall assessment of learner’s performance:**

**NOT YET COMPETENT**

**COMPETENT**

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

