

Nurse Name: _____ Department: ED Date/Time of Handover: _____
 _____ Arrival Date/Time: _____ Receiving Department: _____
 _____ Receiving Professional: _____

■ ■ Guidance: ■ ■ • Identify yourself, your unit, and patient location ■ ■ • State the patient's name, age, and current status ■ ■ • Clearly identify why the patient needs to be transferred ■ ■ ■ ■ Clinical Information Required: ■ ■ Patient Name/Age: _____ ■ ■ Location (bed/zone): _____ ■ ■ Reason for Transfer: _____ ■ ■ Date/Time of Arrival: _____

Guidance: ■ ■ • Provide relevant medical history and admitting diagnosis ■ ■ • Include pertinent information about recent events or changes ■ ■ • Note any significant social or family context if relevant ■ ■ ■ ■ Clinical Information Required: ■ ■ Admitting Diagnosis/Primary Complaint: _____ ■ ■ Medical History/Chief Complaint: _____ ■ ■ Recent Events/Changes: _____ ■ ■ Relevant Social/Family Factors: _____

Guidance: ■ ■ • Provide current vital signs and clinical observations ■ ■ • Indicate severity/stability of patient's condition ■ ■ • Summarize nursing investigations and key findings ■ ■ ■ ■ Clinical Information Required: ■ ■ Vital Signs (BP/HR/RR/Temp/SpO2):
 _____ ■ ■ Pain Score/Level:
 _____ ■ ■ Current Status/Condition:
 _____ ■ ■ Nursing Investigations Completed:
 _____ ■ ■ (e.g., bloods, ECG, imaging):

RECOMMENDATIONS

☐ ☐ Guidance: ☐ ☐ • State what action is needed or transfer instructions ☐ ☐ • Specify level of urgency/priority for patient ☐ ☐ • Note any ongoing care requirements or monitoring needs ☐ ☐ ☐ ☐

Clinical Information Required: ☐ ☐ Transfer Urgency: ☐ Immediate ☐ Urgent ☐ Routine ☐ ☐ Transfer Mode/Requirements: _____ ☐ ☐ Ongoing Medications/Fluids: _____ ☐ ☐ Special Equipment/Monitoring: _____ ☐ ☐ Isolation Precautions: _____ ☐ ☐ Special
