



ActFas

PATIENT HANDOVER FORM

Facility .....

Ward..... Room.....

Treating Doctor.....

(Affix patient label here)

SURNAME.....

Given names.....

Date of birth ..... Sex.....

ALLERTS/ ALLERGIES

.....

INFECTION YES  NO

If yes state TYPE and SITE of infection (including airborne infections)

.....

ADVANCE DIRECTIVE YES  NO

If yes then attach copy

If the Patient is a young person under the guardianship of the minister refer to CHSA Rapid Response protocol and checklist

MOBILITY (Independent, assisted etc) .....

AIDS USED.....

RELEVANT MEDICAL / SURGICAL HISTORY INCLUDING CURRENT DIAGNOSIS

.....

MEDICATIONS...Attach copy of medication chart

ARE MEDICATIONS TO BE GIVEN DURING TRANSPORT YES  NO

If yes please ensure that they are sent with the patient and ActFas staff are informed of time and route

BASELINE OBSERVATIONS... Attach copy of observation chart

DOES THE PATIENT HAVE ANY THERAPUTIC DEVICES? (e.g., catheter, IVT, Cannula, PICC line etc)? YES  NO

If yes CLEARLY state what they are (including cannula size etc), position and any management required during transport.

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ARE THERE ANY SPECIAL REQUIREMENTS NEEDED DURING TRANSPORT? YES  NO

If yes what are they?.....

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PLEASE ENSURE THAT ALL RELEVANT DOCUMENTATION, X-RAYS, CHARTS, MOBILITY AIDS etc ARE SENT WITH THE PATIENT!

\*\*\*THIS INCLUDES SENDING A MEAL OR SNACK WITH THE PATIENT FOR EXTENDED JOURNEYS \*\*\*

COMPLETED BY: ..... SIGNATURE: ..... DATE: ...../...../20.....