

(CONFIDENTIAL)

TEAM LEADER HAND OVER SHEET --- UNIT:

Handed over by TL: Date: (Day or Night Shift) CENSUS: IN-HOUSE: SOOP: SITTER: Extra Sitter ADMISSION: DISCHARGE:
 Handed over to TL: TRANS OUT: TRANS IN: EXTRA CHILD: OTHER CHILD: ORTHOSIS:8 CAPI:0 HAPI:

Patient Information		Situation & Background		Assessment (Findings)	Recommendation	
Room#	Patient name & MRN	Current Condition	Special Note	Current Issues	Referral to:	Reminder to follow actions
1.	Name: MRN: Admission Date: Diagnosis: need free text Discharge Date: Surgery Date: Primary physiatrist: need free text	Blood Sugar: Vital Signs: <input type="checkbox"/> Stable <input type="checkbox"/> Not stable If not, explain: need free text	need free text	<input type="checkbox"/> Presence of contraptions (IV, Epidural, PCA, Catheter, drains) <input type="checkbox"/> Lab Result <input type="checkbox"/> Diagnostic Imaging Result <input type="checkbox"/> Allergy <input type="checkbox"/> wound dressing Explain other issues if any: we need free text	<input type="checkbox"/> Consultation <input type="checkbox"/> Nurse Specialties (WCS,CNS,DNS,IPC) <input type="checkbox"/> Case Manager <input type="checkbox"/> other interdisciplinary team	<input type="checkbox"/> Need to be followed by House physician <input type="checkbox"/> Need to be followed by Physiatrist <input type="checkbox"/> Appointment
2.	Name: MRN: Admission Date: Diagnosis: Discharge Date: Surgery Date: Primary Surgeon:	Blood Sugar: Vital Signs: <input type="checkbox"/> Stable <input type="checkbox"/> Not stable If not, explain:		<input type="checkbox"/> Presence of contraptions (IV, Epidural, PCA, Catheter, drains) <input type="checkbox"/> Lab Result <input type="checkbox"/> Diagnostic Imaging Result <input type="checkbox"/> Allergy <input type="checkbox"/> wound dressing Explain other issues if any:	<input type="checkbox"/> Consultation <input type="checkbox"/> Nurse Specialties (WCS,CNS,DNS,IPC) <input type="checkbox"/> Case Manager <input type="checkbox"/> other interdisciplinary team	<input type="checkbox"/> Need to be followed by House physician <input type="checkbox"/> Need to be followed by Physiatrist <input type="checkbox"/> Appointment
3.	Name: MRN: Admission Date: Diagnosis: Discharge Date: Surgery Date: Primary Surgeon:	Blood Sugar: Vital Signs: <input type="checkbox"/> Stable <input type="checkbox"/> Not stable If not, explain:		<input type="checkbox"/> Presence of contraptions (IV, Epidural, PCA, Catheter, drains) <input type="checkbox"/> Lab Result <input type="checkbox"/> Diagnostic Imaging Result <input type="checkbox"/> Allergy <input type="checkbox"/> wound dressing Explain other issues if any:	<input type="checkbox"/> Consultation <input type="checkbox"/> Nurse Specialties (WCS,CNS,DNS,IPC) <input type="checkbox"/> Case Manager <input type="checkbox"/> other interdisciplinary team	<input type="checkbox"/> Need to be followed by House physician <input type="checkbox"/> Need to be followed by Physiatrist <input type="checkbox"/> Appointment
4.	Name: MRN: Admission Date: Diagnosis: Discharge Date: Surgery Date: Primary Surgeon:	Blood Sugar: Vital Signs: <input type="checkbox"/> Stable <input type="checkbox"/> Not stable If not, explain:		<input type="checkbox"/> Presence of contraptions (IV, Epidural, PCA, Catheter, drains) <input type="checkbox"/> Lab Result <input type="checkbox"/> Diagnostic Imaging Result <input type="checkbox"/> Allergy <input type="checkbox"/> wound dressing Explain other issues if any:	<input type="checkbox"/> Consultation <input type="checkbox"/> Nurse Specialties (WCS,CNS,DNS,IPC) <input type="checkbox"/> Case Manager <input type="checkbox"/> other interdisciplinary team	<input type="checkbox"/> Need to be followed by House physician <input type="checkbox"/> Need to be followed by Physiatrist <input type="checkbox"/> Appointment
5.	Name: MRN: Admission Date: Diagnosis: Discharge Date: Surgery Date: Primary Surgeon:	Blood Sugar: Vital Signs: <input type="checkbox"/> Stable <input type="checkbox"/> Not stable If not, explain:		<input type="checkbox"/> Presence of contraptions (IV, Epidural, PCA, Catheter, drains) <input type="checkbox"/> Lab Result <input type="checkbox"/> Diagnostic Imaging Result <input type="checkbox"/> Allergy <input type="checkbox"/> wound dressing Explain other issues if any:	<input type="checkbox"/> Consultation <input type="checkbox"/> Nurse Specialties (WCS,CNS,DNS,IPC) <input type="checkbox"/> Case Manager <input type="checkbox"/> other interdisciplinary team	<input type="checkbox"/> Need to be followed by House physician <input type="checkbox"/> Need to be followed by Physiatrist <input type="checkbox"/> Appointment