

NHS No:

Name:

D.O.B:

*affix patient label*

Royal Cornwall Hospitals **NHS**  
NHS Trust

# MEDICAL PATIENT WEEKEND HANDOVER

S  
I  
T  
U  
A  
T  
I  
O  
N

Reason for admission and current condition/issues:

B  
A  
C  
K  
G  
R  
O  
U  
N  
D

Significant PMH/Co-morbidities:

TEP: Yes  No

Any other relevant information:

A  
C  
T  
I  
O  
N  
S  
&  
R  
E  
C  
O  
M  
M  
E  
N  
D  
A  
T  
I  
O  
N  
S

Weekend plan:  
*(If bloods required please include a reason)*

Fluids: Yes  No

Reason:

*(eg. Resus, maintenance, NBM)*

Weekend discharge:

Yes  No

Doctor led / Nurse led

TTO / EDIS complete:

Yes  No

*Please ensure Warfarin is prescribed over the weekend or highlighted for review*

Date:

Time:

Sign:

Print:

Designation: