

SURGICAL / ORTHOPAEDIC / TRAUMA DIRECTORATE

**delete as appropriate*

addressograph label

WEEKEND HANDOVER

PRIMARY / WORKING DIAGNOSIS

PROCEDURE

DATE

PLAN

DISCHARGE WHEN?

POTENTIAL COMPLICATIONS & ACTION REQUIRED

Is resuscitation appropriate?.....

Is ITU appropriate?

RESULTS TO BE CHECKED (please state)

bloods:

radiology:

other:

SIGNED

DATE

/ /

BLEEP NO.

PRINT NAME