# Out of hours handover (please complete in block capitals)

## Handover details

**Handed over by** ________________________________  **Handed over to** ________________________________

**Day(s) covered by this handover (please circle)**

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tue</th>
<th>Weds</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
</table>

**Patient surname, forename**

**Responsible consultant, patient current location**

**Diagnosis/problem list/differential diagnosis**

(include any risks or warnings)

**Reason for handover**

**Outstanding issues**

(tasks to be done)

**Aims and limitations of treatment**

(eg resus/ITU/ventilation/inotropes/active/palliative/surgery – yes/no)

**Weekend discharge yes/no**

**Weekend discharge yes/no**

**Weekend discharge yes/no**

**Weekend discharge yes/no**

**Weekend discharge yes/no**