

09:00 Handover Checklist

Lead: RMO1 Night and AMU Consultant On-Call

Start up MSS on the large television screen

Confirm attendance night team:

- RMO1 Nights
- RMO3 Nights
- SHO 1-4 Nights
- F1 Nights
- *GiM Consultant On-Call Overnight (often not present if reviewing patients in ED)*

Confirm attendance day team:

- AMU On-Call (Zone 1) Consultant/s
- RMO1 Days
- F1 Days
- AMU Zone 4 Consultant (weekdays only)
- AMU Zone 1/4 Junior Doctors (weekdays only)
- AMU Clerking Junior Doctor (weekdays only)
- SHO 1-4 Days (Friday/Saturday/Sunday only)
- RMO3 Days (Saturday/Sunday only)
- Critical Care Outreach Team (CCOT)
- Resuscitation Team (not always available)
- Medical Specialty Representatives (see below)

Hand over patients to representatives from all Medical Specialties present:

- Respiratory
- Renal
- Haematology and Oncology
- Infectious Diseases
- Gastroenterology

***PLEASE ALLOW SPECIALTY REPRESENTATIVES
TO LEAVE ONCE THEY HAVE RECEIVED
HANDOVER OF ALL THEIR PATIENTS***

Ensure patients requiring specialty review are added to the appropriate specialty list on Concerto (especially if that specialty was not represented at handover)

Any unstable/critically ill patients or potential early discharges on AMU?

- Night team to handover these patients to RMO1 Days and AMU On-Call /Zone 4 Consultant/s and CCOT
- Number of patients still awaiting clerking on AMU (use MSS to confirm)

Any patients clerked that are still in ED/CDU waiting for a bed?

Any direct admissions (not from base wards) to HDU/ITU overnight?

- Use MSS to confirm the numbers and names of these patients
- Confirm that the overnight GIM Consultant On-Call has been contacted, is aware of all these patients and has started reviewing them in ED/CDU/Critical Care
- Confirm numbers and names of patients in ED referred to Medicine who have *not* yet been clerked

Ward Cover SHOs: Any patients on medical wards causing concern/transferred to critical care overnight? Any cardiac arrests overnight?

- Briefly discuss these cases and their management
- Ensure that any sick patients and any transfers to ITU/HDU from base wards have been handed over to the appropriate specialty team +/- CCOT

Any staffing concerns overnight or for the day/night ahead?

- Delegate somebody to inform medical workforce/Neil Griffiths (ext. 43148)

Exchange cardiac arrest bleeps and assign arrest lead and team roles

1. **2371 bleep:** team leader, usually Acute Medicine SHO covering Zone 1 (providing they are ALS-certified)
 2. **2370 bleep:** member of Resuscitation Team until 14:00 (if present), otherwise RMO1 or other ALS-certified member of the Acute Medicine team
 3. Representative from CCOT present at handover is 3rd member of cardiac arrest team
- Document names and designated roles of arrest team in handover register

Ensure that night SHOs have returned all the i-Bleeps to CCOT and allow all the night team to leave the handover room

Ensure day team are all aware of their roles and where they need to go; distribute patients awaiting clerking in ED/AMU between available team members