### horizontal line**Patient Handover Checklist**

#### **1. General Information**

* Patient’s full name, ID, and date of birth.
* Reason for admission or care requirements.
* Family or emergency contact information.

#### **2. Medical History**

* Summary of significant medical conditions.
* Known allergies and sensitivities.
* Recent surgeries, hospitalizations, or treatments.

#### **3. Current Status**

* Vital signs and any abnormalities.
* Pain levels and current comfort measures.
* Mobility, dietary, and toileting needs.

#### **4. Medications and Treatments**

* Current medications with schedules.
* Pending treatments or procedures.
* Instructions for any medical devices (e.g., catheter, ventilator).

#### **5. Notes and Communication**

* Key updates or changes in care.
* Scheduled appointments or therapy sessions.
* Critical issues to monitor or address.