

CARE SHIFT HANDOVER

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01 SHIFT & PERSON DETAILS

Date: Shift time: Location / service:

Person identifier (initials or approved ID):

Outgoing staff: Incoming staff:

02 IMMEDIATE PRIORITIES & SAFETY

Urgent concerns / actions needed now:

Risks, precautions or changes since last handover:

Who has been informed / escalation already completed:

03 CHANGES DURING THE SHIFT

Health, symptoms or observations (record facts):

Mood, behaviour, communication or cognition:

Mobility, transfers, falls or equipment changes:

Nutrition, hydration, continence or personal care:

04 MEDICATION & TREATMENT UPDATES

Changes, omissions, refusals or concerns (refer to official MAR/records):

Follow-up required / person notified:

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05 TASKS, APPOINTMENTS & FOLLOW-UP

Outstanding tasks and who is responsible:

Appointments, visits, deliveries or expected contacts:

Care preferences / wishes to pass on:

Relevant documentation updated and where it is stored:

06 NEXT SHIFT ACTION PLAN

Priority 1: Owner / deadline:

Priority 2: Owner / deadline:

Priority 3: Owner / deadline:

Escalation / contingency plan if concern worsens:

07 HANDOVER CONFIRMATION

Verbal handover completed at: Date:

Outgoing staff name / signature:

Incoming staff name / signature:

IMPORTANT GUIDANCE

Use this alongside your employer's approved care records and handover procedures.
 Do not use it instead of a MAR chart, clinical assessment, incident report or escalation policy.
 Use the minimum personal information necessary. Store, share and dispose of records securely.
 For urgent safety or clinical concerns, follow local escalation and emergency procedures.