HANDOVER CHECKLIST – Ward Doctors

Email this document to home hospice or pass through caregiver

Patient Name: _____

Patient NRIC: _____

Paste identifying sticker here

Verify Com D Suitability & Intent with Family

- ❑ Estimated prognosis informed: ❑ Short hours ❑ Short days
- ❑ Com D is to fulfil patient's wish to die at home (with family agreement)
- ❑ Home setting conducive; family coping emotionally & prepared to care with support

Prepare Home Hospice

❑ *New Case*	❑ *Known to Home hospice*
❑ Submit referral ASAP (state for Com D)	❑ Update hospice or receiving service of Com D

★ Essential handover info (also listed in Transfer memo within Info-pack)

- ❑ Current function & conscious status
- ❑ Active symptoms & their management
- ❑ Medication list (including drugs for anticipated symptoms)
- ❑ Medications administered just before discharge (time & dose)
- ❑ Details of dressings, catheters, equipment
- ❑ Care plan (including if patient outlives prognosis)
- ❑ Family understanding & additional support needed (private nursing for example)
- ❑ Special concerns e.g., complex psychosocial situations

Discharge Documents

Transfer Memo *(refer to Info-pack)*

- ❑ For hospice or receiving service at home

**Preferably in addition to standard discharge summary*

Memos for relevant parties *(refer to Info-pack)*

- ❑ For Ambulance Officer
- ❑ For General Practitioner (CCOD at home)

If not known to hospital palliative care team

- **Activate or consult palliative care team as needed**
- **Stop all non-essential medications e.g., those for previous chronic conditions**
- **Order PRN medications* for common anticipated symptoms of dying**

**for reference only; doses may differ (e.g. if patient on baseline opioid)*

- ❑ SC Fentanyl 25mcg# Q6H PRN for pain/breathlessness x **3** ampoules (acceptable range 10-25mcg Q1H-6H PRN)
  #for opioid naïve / patients not on baseline opioid
- ❑ SC Haloperidol 2.5mg Q6H PRN for restlessness/agitation (first line) x **3** ampoules (acceptable range 1-2.5mg Q4H-6H PRN)
- ❑ SC Hyoscine Butylbromide 20mg Q6H PRN for throat secretions x **3** ampoules (acceptable range 20mg Q4H-6H PRN)
- ❑ SC Midazolam 2.5mg Q6H PRN for seizures, or agitation (second line) x **3** ampoules (acceptable range 2.5mg Q1H-6H PRN)
- ❑ PR Paracetamol 650mg Q6H PRN for fever x **6** suppositories of 650mg

Staff Details

Referring team contact: [Ward: _____ Room: _____ Bed: _____]

Dr name: _____ Contact: _____

Other staff (if applicable)	Name	Contact
Palliative Care Team (if involved):		
Medical Social Worker (if any):		

HANDOVER CHECKLIST – Ward Nurse

Email this document to home hospice or pass through caregiver

Patient Name: _____

Patient NRIC: _____

**Paste identifying sticker here*

Details of spokesperson/caregiver

Name: _____

Contact: _____

Relationship to patient: _____

Medications, equipment & consumables

❑ Obtain Com D medications (at least 3 days' supply)

❑ Oxygen concentrator ____ L/min

❑ Portable infusor needed? ❒ Yes ❒ No

Details (drug, dose, quantity): _____

❑ Pre-filled syringes needed? ❒ Yes ❒ No

Details (drug, dose, quantity): _____

❑ Obtain relevant consumables (*refer to Info-pack*)

Caregiver Training & Preparation

**Circle where applicable*	Competent	To strengthen	N/A
▪ Sponging / Diaper Change	❑	❑	❑
▪ Mouth / Skin / Eye Care	❑	❑	❑
▪ Turning / Positioning	❑	❑	❑
▪ Medication (PO/SL/PR/SC*): Administration & usage	❑	❑	❑
▪ NGT / PEG / Wound / Stoma care*	❑	❑	❑
▪ Drain / Catheter care*	❑	❑	❑
▪ Signs & Symptoms of dying & death	❑	❑	❑
▪ Procedures upon death at home	❑	❑	❑

Ambulance

❑ Verify destination address with family

❑ Continue to destination if patient dies enroute

Staff Details

Staff Name: _____ Date: _____

Contact: _____ Ward telephone no.: _____