

PATIENT ID LABEL

# POAC TRANSFER OF CARE/HANDOVER

## Identification

TRANSFER FROM _____	TRANSFER TO _____
Handover given by _____	Handover received by _____
Date: _____ Time: _____	Date: _____ Time: _____

## Situation (Presenting Complaint/Diagnosis)

	Baseline Observations	RR	
		O <sub>2</sub> (L/min)	
		SpO <sub>2</sub>	
		HR	
		BP	
		Temp	
		LOC	
		EWS	
		Pain Score	
		BGL	

## Background (Relevant Past/Medical History)

See attached clinical notes relating to the presenting condition

ALLERGIES/ALERTS:

## Action-Plan of Care

Medications with patient

Script completed and attached

## Recommendations:

Appointment time for f/up on next working day at .....

## Post Community IRON INFUSION Procedure - Recommendations

Patient received iron infusion on (date): .....

Request form for f/up bloods in 4 wks has been given to patient with cc to usual GP.

- Usual GP to consider f/up bloods earlier than 4 wks if indicated by the severity of the initial Hb and ferritin level.
- Usual GP to consider testing bloods again at 6 to 12 wks if the patient is at a high risk of recurrence or has had an incomplete response to treatment.
- Usual GP to consider adding patient recall for any follow-up bloods.
- Usual GP to consider referring the patient for another infusion if it is required to maintain normal Hb and ferritin levels. Discuss with the relevant specialist if felt this is required.

Referrer's name: \_\_\_\_\_  Phoned PHC Provider  Faxed to PHC Provider

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

BINDING MARGIN – NO WRITING