

**CG24 - Appendix 4**

**MDT CLINICAL HANDOVER AT POINT OF TRANSFER  
FROM ONE WARD TO ANOTHER**

<b>From: Ward/Team</b>		
<b>To: Ward/Team</b>		<b>Date:</b>
<b>Name of person/persons completing this form</b>		

	<b>DETAILS</b>
<p>MDT Clinical Information</p> <ul style="list-style-type: none"> <li>• Patient's Name</li>   <li>• Date of Admission</li>   <li>• Reason for admission</li>   <li>• Current MHA status</li>   <li>• Details of any concerns in relation to the patient's Mental Capacity (i.e. consent, management of finances, accommodation)? Details of any recently completed assessments.</li>   <li>• Details of any current safeguarding issues</li> </ul>	<p><b>SAMPLE - DO NOT USE</b></p>

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	<b>DETAILS</b>
<ul style="list-style-type: none"> <li>• Infection Control risk</li>   <li>• Summary of current identified risks and risk management plans</li>   <li>• Current Nursing Observation level and rationale</li>   <li>• Summary of mental health presentation and diagnosis, physical presentation and identified conditions, medical treatment plan and level of engagement</li>   <li>• Is MEWS card attached and completed?</li>   <li>• Current medications to go with the patient. Check drug chart attached.</li>   <li>• Current leave plan</li>   <li>• Summary of nursing care plan, required interventions and interventions that may impact on staffing requirements i.e. Escorts</li>   <li>• Details of any planned appointments.</li> </ul>	<p align="center" style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg);">SAMPLE - DO NOT USE</p>

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- Contact details of involved family/carers and nature of agreement from patient as to who and when they are involved and level of clinical information to be shared.
- Have family/carers been informed of transfer?
- Name of patient's care coordinator and contact details
- Patient's property – has all personal property been packed. Has Cash and Valuables stored in the ward and unit safes been removed and signed for in readiness for handing over to next ward. Has new Cash and Valuables forms been completed?
- Are there Health Care Records which need to be securely transported with the patient, including Section papers.
- Have Mental Health Administration being informed of transfer?
- Has a Transport Risk assessment been completed?
- Date and Time Transport has been arranged.

**SAMPLE - DO NOT USE**

Transferring Nurse

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

Receiving Nurse

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_