HEALTHCARE CLINICAL HANDOVER TEMPLATE

Clinical Handover Checklist

Audit shift-to-shift and transfer handovers for patient identity, current condition, medicines, results, pending actions, contingency plans, receiver understanding, and clear transfer of responsibility.

FACILITY / UNIT	HANDOVER DATE / TIME	AUDITOR	CLINICAL APPROVER

Use this checklist with the facility's approved handover method, current clinical documentation standards, privacy requirements, escalation procedures, and transition-specific policies. Patient-specific clinical judgment and urgent safety needs take precedence.

1. Handover setup, standard, responsibility, and environment

1 **Confirm the facility, unit, handover date and time, shift or transfer type, sending clinician, receiving clinician, responsible senior contact, and escalation route.** HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Confirm both the sending and receiving roles before the handover starts so responsibility cannot remain ambiguous.

2 **Verify the approved structured handover method is current, accessible, and used consistently for the care transition being audited.** HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use the facility's chosen standard consistently; switching formats between teams increases the chance of omissions.

3 **Confirm the handover is conducted with enough protected time and in an environment that minimizes avoidable interruptions, noise, and privacy risks.** HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Move non-urgent interruptions away from the handover whenever possible and protect patient privacy at the same time.

4 **Review recent handover-related incidents, missed tasks, delayed treatment, unexpected deterioration, communication complaints, and overdue corrective actions.** CRITICAL HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use previous incidents to target the transitions, units, shifts, and information types most likely to fail again.

5 **Define the handover scope, including shift change, unit transfer, procedure or recovery transfer, escalation, external transfer, or discharge-related communication.** CRITICAL HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Record the exact transition being audited so findings can be compared across shift, unit, procedure, and discharge handovers.

6 **Confirm responsibility remains with the sender until the receiver has clearly acknowledged and accepted the transfer of information, authority, and accountability.** CRITICAL HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Do not assume responsibility has transferred until the receiver has explicitly acknowledged the handover.

2. Patient identification, care context, and essential alerts

7 Verify the patient is matched using at least two approved identifiers before patient-specific information or responsibility is transferred. HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use the same approved identifiers used for care, medication, specimen, and procedure verification; bed or room number alone is not enough.

8 Confirm the reason for admission or transfer, working or confirmed diagnosis, major comorbidities, and any important diagnostic uncertainty are communicated. HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: State diagnostic uncertainty clearly so the receiver knows what is established, suspected, and still being investigated.

9 Communicate resuscitation status, advance directives, ceilings of treatment, consent limitations, safeguarding concerns, and other critical care restrictions where applicable. CRITICAL HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Place code status and treatment limitations where they cannot be lost among routine details.

10 Confirm allergies, adverse drug reactions, infection-control precautions, isolation status, and other prominent alerts are current and explicitly included. HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Reconcile prominent alerts against the current chart before repeating them in handover.

11 Identify the responsible medical and nursing teams, key consultants, relevant support services, and any required contact or escalation arrangements. HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Include the team or clinician who must be contacted if the patient's condition changes after the handover.

12 Confirm the patient's immediate care location, recent procedure or transfer, expected next destination, and any time-sensitive transition requirement are clear. CRITICAL HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Clarify the patient's physical destination and timing when responsibility and location will change together.

3. Current condition, illness severity, and recent change

13 **State the patient's current illness severity using the facility's approved classification, such as stable, watcher, or unstable, where applicable.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: A simple severity label helps the receiver prioritize attention before hearing lower-risk detail.

14 **Communicate the latest clinically relevant vital signs, observations, early-warning score, and important trends rather than isolated values alone.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Share trends and direction of change, not only the most recent number.

15 **Describe any recent deterioration, acute event, emergency response, change in diagnosis, or major treatment change and the patient's response to intervention.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Explain what changed, what was done, and whether the patient improved, stabilized, or continued to worsen.

16 **Confirm current respiratory, cardiovascular, neurological, pain, fluid, mobility, and other clinically significant support needs are understood by the receiver.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Focus on support the receiver must continue or adjust during the next period of care.

17 **Highlight active risks such as falls, bleeding, aspiration, pressure injury, delirium, sepsis, self-harm, violence, or other patient-specific safety concerns.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Connect each major risk with a prevention or monitoring action rather than listing risks without a plan.

18 **Identify current lines, drains, catheters, airways, monitoring devices, oxygen or ventilatory support, and any device-specific issue that requires follow-up.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Include device purpose and current problem when a line, drain, airway, or support device needs active follow-up.

4. Medications, infusions, allergies, and treatment plan

19 **Confirm the current medication plan is reconciled for the transition and clinically important starts, stops, holds, changes, or omissions are explained.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Resolve discrepancies between the handover and medication record before responsibility changes whenever possible.

20 **Communicate high-alert medications, anticoagulants, insulin, opioids, sedatives, antimicrobials, and other medicines requiring time-sensitive monitoring or precautions.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Prioritize medicines where a missed dose, duplication, wrong rate, or delayed monitoring could cause immediate harm.

21 **Verify active infusions include the correct medication or fluid, concentration where relevant, rate, target, line, remaining volume, and monitoring requirement.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: For titrated infusions, include the target and what should trigger a rate change or escalation.

22 **Confirm allergies and previous serious reactions are consistent across the handover, medication record, identification systems, and current treatment plan.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Do not rely on memory for severe allergies; verify them against the current record.

23 **Communicate the last and next clinically important medication doses, recent PRN treatment and response, and any medication that is overdue or awaiting authorization.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use exact times for time-critical doses rather than vague phrases such as 'later' or 'soon'.

24 **Assign ownership for medication-related tasks such as reconciliation, therapeutic monitoring, level checks, dose adjustment, pharmacy review, or patient education.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Name the person who will complete medication follow-up so an important task does not become everyone's and no one's responsibility.

5. Investigations, results, procedures, devices, and pending information

25 **Summarize clinically relevant laboratory, imaging, microbiology, pathology, and other diagnostic results, including abnormal trends that affect the current plan.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Highlight results that change diagnosis, monitoring intensity, isolation, treatment, or discharge planning.

26 **Identify every important pending test or result, the expected timing, the person responsible for review, and the action required if the result is abnormal.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Pending results need both an owner and a contingency; 'please check later' is not a complete handover.

27 **Confirm critical or unexpected results already received were communicated to the appropriate clinician and the resulting action is documented.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Confirm the action taken on a critical result, not only that the result was noticed.

28 **Communicate recent or planned procedures, operative or procedural findings, complications, specimens, wounds, drains, implants, and procedure-specific restrictions.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Include procedure-specific restrictions such as positioning, fasting, wound care, drain limits, or observation needs.

29 **Verify vascular access, catheters, drains, feeding tubes, airways, and other invasive devices have current indication, site condition, key dates, and planned review or removal.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use current device indication and planned review date to reduce devices being continued by default.

30 **Confirm infection-related information such as cultures, antimicrobial plan, isolation precautions, and device-associated infection risks are handed over where relevant.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Make infection-related actions specific enough for the receiving team to continue them safely.

6. Action list, priorities, contingency plans, and escalation

31 **Provide a prioritized action list of outstanding tasks with a named owner, expected completion time, and clear indication of what must occur during the receiving period.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Prioritize the action list so urgent tasks are obvious even when the receiver is interrupted later.

32 **Identify time-critical actions such as observations, medications, procedures, repeat tests, reviews, referrals, transfers, or treatment decisions that cannot be safely delayed.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Attach a clear time expectation to tasks that become unsafe if delayed.

33 **State the contingency plan for foreseeable deterioration or uncertainty, including what change should trigger action and what the receiver should do next.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Contingency planning should describe the trigger, action, and escalation pathway, not only 'monitor closely'.

34 **Confirm escalation criteria, senior review thresholds, rapid-response triggers, and the correct person or service to contact are explicit and understood.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use objective escalation thresholds where the service has defined them.

35 **Communicate any resource, staffing, isolation, equipment, blood product, transport, or bed requirement that could affect safe execution of the care plan.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Identify foreseeable capacity or resource problems before the patient is handed over into an unsafe gap.

36 **Verify outstanding tasks are transferred into the approved clinical or task-management system where required and are not dependent on memory or verbal communication alone.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Check that important verbal tasks also appear in the approved workflow or record used by the receiving team.

7. Interactive communication, receiver synthesis, and acceptance

37 Use direct interactive communication for high-risk handovers whenever feasible, supplementing electronic records rather than assuming a written entry alone transfers responsibility.

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Electronic documentation supports a handover but does not replace confirmation that the receiver has understood critical information.

38 Communicate in a clear, concise, structured sequence and avoid ambiguous language, unexplained abbreviations, irrelevant detail, or conflicting versions of the plan.

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Remove low-value background detail if it obscures the current risks and actions the receiver must remember.

39 Use repeat-back, read-back, or check-back for critical information such as patient identity, urgent actions, high-risk medications, abnormal results, or escalation instructions where required.

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use closed-loop communication for information where misunderstanding could cause immediate harm.

40 Provide the receiver a genuine opportunity to ask questions, challenge unclear information, and review the patient situation before the handover is closed.

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Pause long enough for the receiver to question contradictions or missing information before ending the handover.

41 Confirm the receiver synthesizes or summarizes the key patient status, priority actions, risks, and contingency plan to demonstrate shared understanding.

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Receiver synthesis is a practical test of whether the same priorities and contingency plan were understood.

42 Record or otherwise confirm the point at which the receiver accepts responsibility and accountability, including any unresolved limitation or concern requiring escalation.

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Document unresolved concerns at the point of acceptance rather than allowing them to disappear between shifts.

8. Patient, family, communication needs, and person-centred continuity

43 **Confirm the patient's communication needs, language, cognition, hearing, vision, health-literacy needs, and required interpreter or communication support are included where relevant.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use a qualified interpreter or approved communication support when language or sensory needs could affect safety.

44 **Communicate the patient's goals, preferences, concerns, cultural considerations, and agreed involvement of family or caregivers at the level chosen by the patient.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Separate the patient's own priorities from assumptions made by the clinical team or family.

45 **Verify the patient or caregiver receives an understandable explanation of the next steps in care when the transition requires their participation or awareness.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Explain the next step in plain language so the patient can recognize when the planned transition is not happening as expected.

46 **Confirm important education already provided, outstanding education needs, self-management instructions, and teach-back concerns are handed over to the receiving team.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Pass on education gaps that could affect medication, mobility, wound care, equipment, or follow-up after the transition.

47 **Communicate essential information about mobility aids, prostheses, personal equipment, belongings, or caregiver support when these affect safety during transfer or ongoing care.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Confirm personal aids and essential equipment travel with the patient when losing them would create immediate risk.

48 **Protect confidentiality during verbal, written, electronic, telephone, and bedside handovers and avoid exposing patient information to people who do not need it.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Choose a handover location and communication channel that protects confidentiality without blocking necessary team communication.

9. Transfers, discharge, electronic handover, and continuity across settings

49 **Confirm unit-to-unit or facility-to-facility transfers include a structured clinical handover to an identified receiving clinician or team before or at transfer.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Confirm the receiving clinician or team has actually received the handover before the patient arrives whenever the transfer risk warrants it.

50 **Verify discharge or external-transfer communication includes diagnoses, treatment course, current medications, allergies, pending results, follow-up, warning signs, and required appointments or referrals.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use a current medication list and clearly distinguish new, changed, held, and discontinued therapy at discharge or transfer.

51 **Provide the receiving service and patient or caregiver with clear contact information and ownership for unresolved results, outstanding referrals, or post-transfer questions.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Pending results should never become ownerless because the patient crossed an organizational boundary.

52 **Verify electronic handover records are current, patient-specific, accessible to the receiver, and free from stale copy-forward information that could misrepresent the current plan.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Refresh copied handover text before reuse so old plans, diagnoses, devices, or tasks are not presented as current.

53 **For telephone, virtual, after-hours, or downtime handovers, confirm the receiver's identity, direct acknowledgment, repeat-back of critical details, and reliable documentation of the exchange.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: For remote handovers, use receiver identification and repeat-back to compensate for the lack of face-to-face cues.

54 **Confirm transport readiness, required monitoring, oxygen, medications, documents, equipment, infection precautions, and receiving-area preparedness are addressed before physical transfer.**

CRITICAL | HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Align clinical handover and transport preparation so the patient is not moved before monitoring, oxygen, medication, or isolation needs are ready.

10. Findings, corrective actions, verification, and sign-off

55 Calculate the overall handover compliance result and summarize critical omissions, repeated communication gaps, delayed tasks, unclear responsibility, and affected transitions or units. HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Separate immediate patient risk from longer-term communication-process improvement when scoring the audit.

56 Create immediate containment for every critical handover failure by re-communicating missing information, clarifying responsibility, escalating urgent risk, and protecting the patient before the transition proceeds. CRITICAL HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Re-communicate a critical omission before investigating why it happened; containment comes first.

57 Assign each finding an owner, priority, due date, root-cause requirement where appropriate, corrective action, and objective closure-evidence rule. CRITICAL HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Use short deadlines for active patient-safety risk and realistic deadlines for system-level prevention work.

58 Escalate overdue, repeated, high-risk, deterioration-related, medication-related, or responsibility-related handover findings to the required clinical and management level. CRITICAL HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Repeated or high-risk handover gaps need management visibility even when the individual event did not cause harm.

59 Verify closure through repeat handover observation, record review, task-completion evidence, staff competency assessment, incident follow-up, or a targeted re-audit. CRITICAL HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Do not close a handover finding based only on a policy update; verify the new process in real handovers.

60 Record the final audit decision, remaining restrictions or risks, next review date, auditor, clinical approver, date, time, and sign-off. CRITICAL HANDOVER CHECK

Compliant | Needs attention | Critical gap | N/A

◇ Execution tip: Retain final approval and any residual risk so the next audit can confirm sustained improvement.