Staff Handover Notes

Date: Day: Staff Name: Circle: Morning/Evening/Night

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| **Resident Name** | **Care interventions** | **Outstanding issues to solve** | **MDT visit- Family , DN, GP, relative , physiotherapist** | **Any incident happened - fall, bruising, skin peel** | **Other notes** |
| Resident A | - had a restless night, required additional pain management.  - All medication administered as per schedule, no missed doses reported. | - Follow up on Resident A's pain management needs.  - Monitor Resident A for any signs of discomfort or changes in condition post-fall. |  |  |  |
| Resident B | - Less appetite  - Bowel movement once normal stool level 4. | - Arrange dietary assessment for Resident B.  - Provide updates to Resident B's family regarding medication changes. | family visited and expressed concerns about appetite, noted for dietary assessment. |  |  |
| Resident C | wound dressing changed, no signs of infection observed. | - Monitor wound healing progress for Resident C.  - Encourage Resident C's participation in evening activities. |  |  |  |