Nursing Handover Tool

(Interfacility & Dual modality)

Patient Demographics Sticker

S Situation	**Diagnosis:**	**MRP:**
	Purpose of appointment/admission:	
	Relevant Medical History:	
	Allergies:	**Isolation Requirement:**
	Accompanied by:	**Mobility:**
B Background	**Treatment Intent:** ☐Curative ☐ Palliative	
	Systemic Therapy Treatment: ☐No ☐ Yes	Bispecific Antibody: ☐No ☐ Yes
	Protocol Code:	Cycle + Day:
	Date/Time of last dose:	Next dose due:
	☐ 48 hour hazardous drug precautions until:	
	Radiation Therapy Treatment: ☐No ☐ Yes	Sites(s):
	****There is no radioactivity concern unless indicated below under Brachytherapy****	
	Radiation to date (# fractions/planned #):	Date of last fraction:
	Brachytherapy Treatment: ☐No ☐ Yes	Site:
	☐HDR – No radioactivity concerns ☐LDR – See Radiation Safety for Brachytherapy Seed Implant (LDR) Patients	
	Consults/Investigations (completed/pending):	
A Assessment ☐ **No Concerns**	**Most Recent Vitals** **Time:**	
	Temp / **HR** / **RR** / **O2** / **BP**	
	Symptoms of Concern:	
	IV Access: PIV/ PICC /PORT — Location: — Date of insertion:	
	Date of last dressing change:	Date of last flush:
	Medications Administered: ☐ see MAR (attached) ☐ N/A SC/IM injection site: ☐ N/A	**Bispecific Antibody:** CRS assessment: ☐ attached ☐ N/A ICE assessment: ☐ attached ☐ N/A
R Recommendation	**Plan of oncology care:**	**Priority patient care needs:**
	Systemic Therapy: Next labs due (date/time): ☐N/A	
	Bispecific Antibody: CRS/ICANS assessments next due (date/time): ☐N/A	
Completed by (health professional name):		**Date:**