**Part A**

You will receive instructions verbally about a client from your assessor who is playing the role of the HCW supervisor. You are required to complete the verbal instructions, received from your assessor, with a client and provide written information to a patient.

**Part B**

Using the information contained in the case scenario, you are required to provide written and verbal instructions to a fellow HCW regarding the patient.

Part A

You will receive instructions verbally about a patient from your assessor who is playing the role of the HCW supervisor. You are required to complete the verbal instructions, received from your assessor, with a patient and provide written information to a patient.

Patient Information

* Mr. Jon Berry is a 58yr old admitted to hospital on background of poorly controlled T2DM
* Investigation shown gangrene of left foot, resulting in below knee amputation 2/52
* Assist 1x Transfer, GF for mob 50m
* Iv Insitu, 2L O2/NP
* Phx: COPD, low vision (glasses), T2DM (monitoring by nursing staff)
* Shx: Lives with partner, currently not working, intellectual disability (low IQ)
* Patient to be transferred to D/C lounge, for T/f to rehabilitation facility

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| Oral Instructions  |
| Student to document oral instructions in written form here:       |

**Transfer Checklist:**

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| --- | --- | --- |
|  | **Please tick if relevant** | **Comments:** |
| General | Additional Monitoring | BSL ☐IDC ☐PPM ☐ |  |
| Oxygen | Face Mask ☐Nasal Prongs ☐ |  |
| Medication |  | IV insitu Yes ☐ No ☐Medication sent with patient ☐Medication Allergies Yes ☐ No ☐ | All prescribed medication to accompany patient |
| Skin Integrity | Pressure injury prevention | Pressure Care as per Braden Assessment ☐Daily full skin check ☐ | Air Mattress ☐Turning ☐Elevate Heels ☐ROHO Cushion ☐ |
| Wounds | Wound(s) present ☐Wound Chart updated ☐ |  |
| Mobility | Transfers | Hoist ☐Assist ☐Supervise ☐ Independent ☐ |  |
|  | Ambulation | WB Status: Gait Aid: Independent ☐ Supervise ☐ Assist ☐ Unable to assist ☐ |  |
| Personal | Belongings | Xrays/Scans ☐Medications ☐ (Inc. oxygen)Glasses/visual aids ☐Hearing aids ☐Dentures ☐Clothing ☐Gait Aid ☐Other:………………………………………………………….. | All personal belonging to accompany patient |

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| **HANDOVER****By signing this acknowledgement you declare that you have handed over the patient according to hospital policy and procedures.** | **Handover made to receiving clinician: Phone Face to Face ☐ Email ☐ Fax ☐** |
| **Name** of **receiving** clinician: | Signature:  |
| Site: Discharge Lounge | Designation  |
| Contact Number: Ext 4040 | Date/Time: 07/02/2025 1330hrs |
| **Name of person handing patient over:** | **Signature:** |
| **Patient has come from Site/Ward:**  | **Designation:*** **RN**
* **HSA**
* **AHA**
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Using the information contained in the case scenario, you are required to provide written and verbal handover regarding the patient to a fellow HCW in the discharge lounge who will be assisting with the patients discharge following your transfer of the patient to the discharge lounge

You noted during transport the following things that will need to also be documented and communicated to your colleague

*During transport to discharge lounge, patient reported feeling cold and also very hungry*

*Patient also reported feeling anxious about going to a new facility*

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| ISBAR handover of client |
| Identify: Situation:  Background:  Assessment:  Recommendations:   |