

**GP → Out-of-hours  
Palliative Care Handover Form**

**Reference number:**

<b>Out of hours service:</b> Insert OOH Service	<b>Sex:</b> Male Female
<b>Given name:</b>	<b>Main carer name:</b>
<b>Family name:</b>	<b>Main carer telephone</b>
<b>Address:</b>	<b>Emergency contact name:</b> <i>(if different from carer)</i>
	<b>Emergency contact number:</b>
	<b>Medical card number:</b>
<b>Date of birth:</b>	<b>Hospital number:</b> <i>(if known)</i>
<b>What is the main diagnosis?</b>	
Patient aware of the diagnosis Yes No Don't Know Carer aware of the diagnosis Yes No Don't Know	
<b>Current symptoms</b>	
<b>Estimated prognosis:</b> Less than 1 week Less than 1 month Less than 3 months More than 3 months	
Patient aware of the prognosis? Yes No Don't Know Carer aware of the prognosis? Yes No Don't Know	
Syringe driver in-situ Yes No Don't Know	
<b>Current medications (including dose and frequency)</b>	
<b>Allergies/Adverse medication events:</b> None known If 'yes' give details:	
<b>Has a decision been made <u>NOT TO ATTEMPT CARDIOPULMONARY RESUSCITATION</u> for this patient?</b> Yes No Don't Know	
<b>Additional relevant information</b> <i>(e.g. examination findings, test results, advanced care plan, family history, social history, special needs etc.)</i> <b>None applicable</b>	
<b>Community supports in place:</b> PHN Specialist Palliative Care Night Nursing Other Don't know	
<b>Patient's preference in the event of clinical deterioration/imminent death:</b> Stay at Home Stay in nursing home Refer to Hospital Don't know	
<b>Will patient's GP sign death notification form in the event of expected death?</b> Yes No	
<b>GP DETAILS/STAMP</b>	
<b>Name:</b>	<b>Telephone:</b> <b>Fax:</b>
<b>Address</b>	<b>Mobile</b>
	<b>MCRN:</b>
<b>Signature:</b>	<b>DATE:</b>

**GP: Please fax to *(insert OOH service provider fax details here)***

Received & Inputted to OOH IT system by: \_\_\_\_\_ Date: \_\_\_\_\_

**This form was piloted and validated within SouthDoc OOH service. It was developed as an initiative of the Irish Hospice Foundation Primary Palliative Care Programme**

*For further information on the use of the form: refer to the GP Guidance Document and GP information leaflet available from the primary care page of the Irish Hospice Foundation Website: www.hospicefoundation.ie or contact IHF: 01-6793188*