

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

Reference number:

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

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