

APPENDIX E

CAREGIVER HANDOFF SHEET

Use this sheet when another person is taking over care temporarily.

CAREGIVER HANDOFF SHEET

Patient Name: _____

Date: _____

Primary Caregiver: _____ Phone: _____

Temporary Caregiver: _____

Phone: _____

Duration of care: From _____ to _____

CURRENT STATUS:

Overall condition today: ☐ Stable ☐ Good day ☐ Not feeling well

Mood: ☐ Pleasant ☐ Anxious ☐ Agitated ☐ Tired ☐ Other: _____

Pain level (0-10): _____ Location: _____

Recent changes or concerns: _____

MEDICATIONS DUE DURING YOUR SHIFT:

Time: _____

Medication: _____

Dose: _____

Time: _____ Medication: _____

Dose: _____

(See full medication list in binder for details)

MEALS AND SNACKS:

Meal/snack time: _____

What to offer: _____

Meal/snack time: _____

What to offer: _____

Notes (preferences, dietary restrictions): _____

FLUIDS:

Encourage fluids: ☐ Yes Goal: _____ cups

Any restrictions: _____

PERSONAL CARE NEEDED:

☐ Assistance with toileting (frequency: _____)

☐ Assistance with dressing

☐ Wound care or skin care (instructions: _____)

☐ Other: _____

ACTIVITY:

Usual activities: _____

Mobility: ☐ Independent ☐ Uses walker/cane ☐ Needs assistance

Fall risk: ☐ Low ☐ Moderate ☐ High (stay nearby)

SAFETY NOTES:

EMERGENCY CONTACTS:

Primary Caregiver: _____

Phone: _____

Backup Contact: _____

Phone: _____

Doctor: _____ Phone: _____

CALL PRIMARY CAREGIVER IF:

- Any concerning symptoms (see Red Flags list)
- Fall or injury
- Refusal to eat or take medications
- Confusion or change in mental status
- Any questions or concerns

CALL 911 IF:

- Difficulty breathing
- Chest pain
- Stroke symptoms (FAST)
- Loss of consciousness
- Severe injury

NOTES FROM THE SHIFT (to be filled out by temporary caregiver):

Medications given: _____

Meals eaten: _____

Fluids consumed: _____

Activity: _____

Mood/behavior: _____

Any issues or concerns: _____

Temporary Caregiver Signature: _____