

## CAREGIVER HANDOFF SHEET

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

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Temporary Caregiver: \_\_\_\_\_

Phone: \_\_\_\_\_

Duration of Care: From \_\_\_\_\_ to \_\_\_\_\_

Shift Schedule: From: \_\_\_\_\_ Till: \_\_\_\_\_ Overnight: \_\_\_\_\_

### CURRENT STATUS:

Baseline Mental Status: Alert Oriented Coherent Confused Belligerent

Overall condition today: Stable Good day Not feeling well Cooperative

Uncooperative

Mood: Pleasant Anxious Agitated Tired Other: \_\_\_\_\_

Pain level (0-10): \_\_\_\_\_ Location: \_\_\_\_\_

Recent changes or concerns: \_\_\_\_\_

What to monitor closely: \_\_\_\_\_

### MEDICATIONS DUE DURING YOUR SHIFT:

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_

(See full medication list in binder for details)

**MEALS AND SNACKS**

**Meal/snack time:** \_\_\_\_\_

**What to offer:** \_\_\_\_\_

**Meal/snack time:** \_\_\_\_\_

**What to offer:** \_\_\_\_\_

**Notes (any preferences, dietary restrictions):** \_\_\_\_\_

\_\_\_\_\_

**FLUIDS: Encourage fluids:**  **Yes Goal:** \_\_\_\_\_ **cups**

**Any restrictions:** \_\_\_\_\_

**Why?** \_\_\_\_\_

**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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[www.aginghappily.com](http://www.aginghappily.com)

Follow the Laws of Protected Health Information (PHI)

45 CFR 160.103

“Protected health information means individually identifiable health information transmitted or maintained in any form or medium.”



**EMERGENCY CONTACTS:**

**Primary Caregiver:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Backup Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Primary 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:** \_\_\_\_\_

[www.aginghappily.com](http://www.aginghappily.com)

Follow the Laws of Protected Health Information (PHI)

45 CFR 160.103

“Protected health information means individually identifiable health information transmitted or maintained in any form or medium.”