

St Mary's Hospital Obstetric Anaesthesia SAFER Handover

Date		Time	
Anaesthetist giving handover		Handover received by:	

Please complete one form per day (starting afresh at 8am). Use the form to assist your handover between shifts. Please file in the handover box at the end of the 24 hours. **DO NOT TAKE HOME.**

	Name Location	Details of issue	Management plan
S ick patients: <ul style="list-style-type: none"> • <i>PET/HTN</i> • <i>Sepsis</i> • <i>CV or Resp instability</i> 			
A t risk: <ul style="list-style-type: none"> • <i>Anaesthetic:</i> Airway, BMI, spinal abnorm • <i>Obstetric:</i> FTP, Potential MOH, VBAC, Em LSCS • <i>Other:</i> Cardiac, Clotting/Platelet disorders 			
F ollow Ups: <ul style="list-style-type: none"> • <i>MOH</i> • <i>PDPH, Neurological</i> • <i>GA</i> • <i>HDU/ITU</i> 			
E pidurals <ul style="list-style-type: none"> • <i>In use</i> • <i>Awaiting removal</i> • <i>Spinal Catheters</i> 			
R ing <ul style="list-style-type: none"> • <i>F/ups at home</i> • <i>Consultant on call</i> 			

Readiness			
Machine Check		GA drugs available	
Special Equipment required			