I-PASS Handoff

PATIENT INFORMATION

Patient's name:: _____   Age:: _____

Gender:: _____   Patient ID:: _____

(I) ILLNESS SEVERITY

Current status:

○ Stable   ○ Watcher   ○ Unstable

Remarks:

[   ]

(P) PATIENT SUMMARY

Summary statement:

[   ]

Events leading up to admission/care transition:

[   ]

Hospital course/treatment plan:

[   ]

Ongoing assessment:

[   ]

Contingency plan:

[   ]

(A) ACTION LIST

To-do task:

[   ]

Responsible person:: _____   Timeline:: _____

Notes:

To-do task:

Responsible person:: _____   Timeline:: _____

Notes:

To-do task:

Responsible person:: _____   Timeline:: _____

Notes:

To-do task:

Responsible person:: _____   Timeline:: _____

Notes:

(S) SITUATION AWARENESS AND CONTINGENCY PLANNING

Current situation:

Plan for possible changes:

(S) SYNTHESIZE BY RECEIVER

Summary:

Questions for clarification:

Next steps:

ADDITIONAL NOTES

Specify below: