

RRT Call Handover Tool

RRT Call ID: _____ Date: _____ Time: _____ AM/PM

RRT Role	Present	Full Name
ICU Registrar	YES / NO	
Med Registrar	YES / NO	
RRT Nurse	YES / NO	
Ward Doctor	YES / NO	
Ward Nurse	YES / NO	
Other	YES / NO	

Clinical Handover (tick when completed):

Identity	Situation	Background	Assessment	Recommend

Ward Team Read-back (tick when completed):

Read-back of plan	Contingency plan	Resus Status	Happy with plan

Signatures:

RRT Leader

Ward Doctor / Nurse