

SOP: Documentation of Handover Completion and Nurse Signature

This SOP details the **documentation of handover completion** and nurse signature process to ensure accurate and complete transfer of patient care information between nursing shifts. It covers the required information to be recorded, the timing of documentation, verification of handover accuracy, and the formal nurse signature to confirm accountability and continuity of care. Proper execution of this procedure enhances communication, reduces errors, and supports patient safety in healthcare settings.

1. Purpose

To establish a standardized procedure for documenting handover completion and obtaining nurse signatures to ensure safe and continuous patient care during shift changes.

2. Scope

This SOP applies to all nursing staff involved in patient care handovers in the healthcare facility.

3. Responsibilities

- Outgoing nurse: Provides complete and accurate patient information.
- Incoming nurse: Receives handover, validates information, and confirms understanding.
- Both nurses: Document handover completion and affix signatures promptly.

4. Procedure

1. **Preparation:**
 - Gather all necessary patient documentation and updates prior to handover.
 - Ensure the handover location allows for confidential and uninterrupted communication.
2. **Communication of Information:**
 - Verbal handover must include key patient information such as diagnosis, current condition, critical events, medications, and required interventions.
 - Utilize a structured format (e.g., SBAR: Situation, Background, Assessment, Recommendation) if available.
3. **Documentation:**
 - Document the completion of handover in the designated handover log or electronic medical record (EMR).
 - Include the following information:
 - Date and time of handover
 - Names of outgoing and incoming nurses
 - Summary of information handed over
 - Any issues or escalation required
4. **Verification:**
 - The incoming nurse reviews documented notes, asks clarifying questions, and ensures all information is understood.
 - Any discrepancies or uncertainties must be resolved before completing the process.
5. **Signature:**
 - Both outgoing and incoming nurses must sign or authenticate (electronic or physical signature) the handover completion record.
 - Signatures confirm accountability for information transferred and continuity of care.

5. Timing

- Documentation and signatures must be completed immediately after verbal handover and before the outgoing nurse leaves the unit.

6. Quality Assurance

- Periodic audits of handover documentation and signatures will be conducted to ensure compliance.
- Any omissions or errors must be reported and addressed promptly.

7. References

- Hospital Policy on Patient Handover
- Relevant national nursing guidelines
- SBAR Communication Tool