

SWIFT Patient Handover

Name

Age

Time details

Mechanism

Injuries

Signs

P.....

BP.....

SpO2.....

RR.....

EtCO2.....

Time		
Eyes	/4	/4
Verbal	/5	/5
Motor	/6	/6
Total	/15	/15

Treatment

Drugs/Fluids	Route	Dose	Time	Procedures	Side	Time

Response

Concerns

AMPLE History

A

M

P

L

E

Subsequent information