

Evaluating Care Scenario

Candidate's Name: _____

Note to Candidate:

- This document must be completed using a **BLUE PEN**
- At this station, you should have access to your **Assessment, Planning and Implementation** documentation
 - If not, please ask the examiner for it
 - **Please Note: there are 3 pages to this document**
- Document to **NMC standards**
- Your examiner will retain all documentation at the end of the station

Scenario:

Complete the Transfer of Care letter to ensure that the receiving nurses have a full and accurate picture of the person's history and needs.

Complete **all** sections of the document.

Assume it is **TODAY** and it is **xx:xx**

Outline the person's current spiritual and family care needs	
Document person's allergies and associated reactions	
List identified risks associated with the deterioration of the person's condition	
Date and time of referral:	
NAME (Print):	
Nurse Signature:	Date: