

CLINICAL HANDOVER AT THE RECEIVING UNIT

PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- ISBAR is the approach to facilitate information transfer.
- All patients should have continuous monitoring during transfer.
- At all times the NETS team is responsible for operating the NETS equipment.
- The NETS team should clearly communicate their needs to effect a safe coordinated transfer of the patient.

CHANGE SUMMARY

- Reviewed guideline.

READ ACKNOWLEDGEMENT

- All NETS clinical staff are to read and acknowledge they understand the contents of this guideline.

Disclaimer

This document is available on-line as a stimulus for interchange of knowledge and ideas in the field of Neonatal and Paediatric Retrieval. It is provided "as-is" and without support or warranty of any kind. Many of our guidelines may not be appropriate for use in retrieval settings other than NETS NSW, especially in non-Australian environments.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	NETS Executive
Date Effective:	1 st June 2017	Review Period: 3 years
Team Leader:	Staff Specialist	Area/Dept: NETS

Rationale

- To ensure a safe, coordinated transfer of patient care from the NETS team to the receiving unit.
- To ensure effective and complete clinical handover of information.

Procedure

Coordination and Responsibility

- Timely and efficient handover of clinical information about the patient between the NETS team and the receiving clinician/s at the hospital should occur before the transfer of the patient from NETS system to inpatient bed, the monitoring and the infusions. The only exception to this is when urgent resuscitation is required
- ISBAR is the approach to facilitate information transfer. Listening is as important as speaking in this framework ('LISBAR')
- The NETS doctor is responsible for the patient's airway and will direct all lifts or transfers.
- The full transfer of care is complete once the patient is on the receiving hospital bed, the NETS team has relinquished primary responsibility for monitoring and therapies and the receiving team has acknowledged responsibility for the patient.

Clinical Handover

- The handover should be between senior medical and nursing staff responsible for the patient.
- The NETS team should not commence handover until all appropriate staff are present. NETS team gives a combined handover to nursing and medical staff using the ISBAR approach:

I **Introduce** yourself and ensure readiness of those assembled to commence handover. State first and surname and your role.

S **Situation** - patient name, age, referring hospital & clinician, gender and current clinical status:

1. Stable (but maybe in danger of deterioration)
2. Unstable
3. Improving

B **Background** - summarise relevant details of the patient's presentation, relevant past history and current issues, physical examination, investigations, current diagnosis, management to date and response to treatment

A **Assessment** – to ensure that all tasks and abnormal or pending results are clearly communicated, e.g. "On the basis of the above, the patient's condition is the immediate requirements are, the plan is and they are at risk of"

R **Recommendations** – Be clear about what you think should happen next for the patient in terms of further clinical management

- If a parent is in attendance give a briefing of patient's condition and ensure they have connected with a member of receiving staff.

Physical Transfer of Patient

- The NETS team will undertake admission observations prior to the transfer from the retrieval system.
- If an arterial line is insitu take a blood gas while still on NETS ventilation and record results
- Ensure the patient remains monitored at all times.
- An adequate airway and effective ventilation must be maintained throughout transfer.
- A clinical discussion led by NETS needs to occur regarding the management and transfer of infusions.
- Vasoactive infusions must not be interrupted. The NETS infusions must continue until the receiving unit's pre-prepared syringe is primed and ready to infuse uninterrupted.
- After transfer, written documentation should be completed and copies left with the patient. Any pathology results, radiology, referral letters or other relevant documents also stay with the patient
- Any pathology specimens should be handed over to the receiving team.

Key practice points for handover

- All patients should have continuous monitoring during transfer from NETS system to inpatient bed.
- At all times the NETS team are responsible for operating the NETS equipment.
- The NETS team should clearly communicate their needs to effect a safe coordinated transfer of the patient.

References

1. Hunter New England Health Clinical Governance (2008) ISBAR
2. Statewide and Rural Health Services and Capital Planning, NSW Health (2012) Retrieval Handover (Adults) PD2012_019
3. Arino M, Barrington JP, Morrison AL, Gillies D. (2004) Management of the changeover of inotrope infusions in children. *Intensive and Critical Care Nursing* 20(5) 275-280

Copyright notice and disclaimer:

The use of this document outside Sydney Children's Hospitals Network (SCHN), or its reproduction in whole or in part, is subject to acknowledgement that it is the property of SCHN. SCHN has done everything practicable to make this document accurate, up-to-date and in accordance with accepted legislation and standards at the date of publication. SCHN is not responsible for consequences arising from the use of this document outside SCHN. A current version of this document is only available electronically from the Hospitals. If this document is printed, it is only valid on the date of printing.