3. POST OPERATIVE MANAGEMENT

3.4 CLINICAL HANOVER OF ANAESTHETISED AND PAIN MEDICINE PATIENTS

AIM

- To guide safe and efficient clinical handover of patient care in the peri-operative period and while under the care of the pain service at King Edward Memorial Hospital.

KEY POINTS

1. These guidelines are consistent with:
   - The National Safety & Quality Health Service Standard 6
   - The WA Health Clinical Handover Policy 2013
   - WNHS W073 Clinical Handover Policy
   - Australia and New Zealand College of Anaesthetists Professional Standard 53 – “Statement on the handover responsibilities of the anaesthetist”.
2. These guidelines should be read in conjunction with the WNHS hospital policy (W144) and guidelines relating to “Correct Patient, Correct Procedure, Correct Site”.
3. Handovers will be guided by the use of the iSoBAR mnemonic.

PROCEDURE

TRANSFER OF RESPONSIBILITY DURING ANAESTHESIA

1. The primary anaesthetist must be satisfied as to the competence of the relieving anaesthetist to assume management of the patient and should ideally hand over responsibility only at a time when the clinical status of the patient is stable and no foreseen adverse events are likely to occur.
2. The relieving anaesthetist must be willing to accept responsibility for the patient and must have had all facts relevant to the safe management of the patient adequately explained.
3. Handover should include the following:
   - Review of patients health status
   - A description of the anaesthetic technique
   - Current state of the surgical procedure
   - Observations of the patient as per ANZCA guidelines
   - A check to ensure correct functioning of the anaesthesia delivery system and monitors
   - Notification of the handover to the surgeon.

HANOVER AT COMPLETION OF ANAESTHESIA

1. The anaesthetist is responsible for safe transport of the patient from the operating theatre or procedure room to the recovery room.
2. The anaesthetist must provide a formal handover to suitably trained and qualified staff in the recovery room, with appropriate briefing on relevant aspects of the surgery, and anaesthetic technique.
3. Handover should include the following:
   - Clinical observations and monitoring and reportable levels.
   - Pain relief.
   - Management of complications, particularly post-operative nausea and vomiting.
   - Fluid therapy.
   - Respiratory therapy.
   - Any residual regional anaesthesia block.
   - Discharge expectations from PACU.
4. The anaesthetist must be readily available to deal with any unexpected problems or alternatively ensure that another nominated anaesthetist or other suitably qualified medical practitioner is available and has access to the necessary information about the patient.

HANDOVER OF PATIENTS BY THE PAIN SERVICE
1. The goals are:
   • Optimal multifaceted pain management (assessment and treatment)
   • Function and recovery maximisation and
   • Patient safety.
2. Patients are reviewed daily by the Pain Team. The pain registrar, in consultation with the Duty Anaesthetist, is responsible for management of pain related issues.

HANDOVER AT CHANGE OF REGISTRAR SHIFT
1. Most pain patients do not require formal handover of patient care at change of shift.
2. Examples of pain patients who do require formal handover include:
   • Acute pain is not yet under control
   • Moderate to severe chronic pain who have had surgery
   • On regular opioid therapy >100mg Morphine equivalents
   • Pain medicine admissions to the Adult Special Care Unit - e.g. having a lignocaine infusion.
   • Pain management related complications. e.g. Intrathecal catheter, neurological injury, neuraxial infection, post-dural puncture headaches
   • Current or past substance use disorders
   • Known to have strong psycho-social stressors e.g. Very anxious, very depressed, very young unplanned mothers
3. Handover should include the following:
   • Patient details are logged in the pain folder
   • Brief history of underlying problem using biopsychosocial model
   • Current management plan including non-medical, and medical (pharmacological and non-pharmacological therapies)
   • Follow-up arrangements if discharge is planned.

REFERENCES (STANDARDS)

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<th>National Standards</th>
<th>6.1.1 Clinical Handover Policies are used by the workforce</th>
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<tbody>
<tr>
<td>Legislation</td>
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<tr>
<td>Related Policies</td>
<td>WNHS Policy W073 Clinical Handover OD and WA Health Clinical Handover Policy</td>
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<td>Other related documents</td>
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RESPONSIBILITY

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<tr>
<th>Policy Sponsor</th>
<th>HoD Department of Anaesthesia and Pain Medicine</th>
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<td>Initial Endorsement</td>
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Do not keep printed versions of guidelines as currency of information cannot be guaranteed.
Access the current version from the WNHS website.