Clinical Practice Procedures: Other/Clinical handover

Policy code	CPP_OT_CH_0221
Date	February, 2021
Purpose	To ensure a consistent procedural approach to clinical handover.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
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URL	https://ambulance.qld.gov.au/clinical.html

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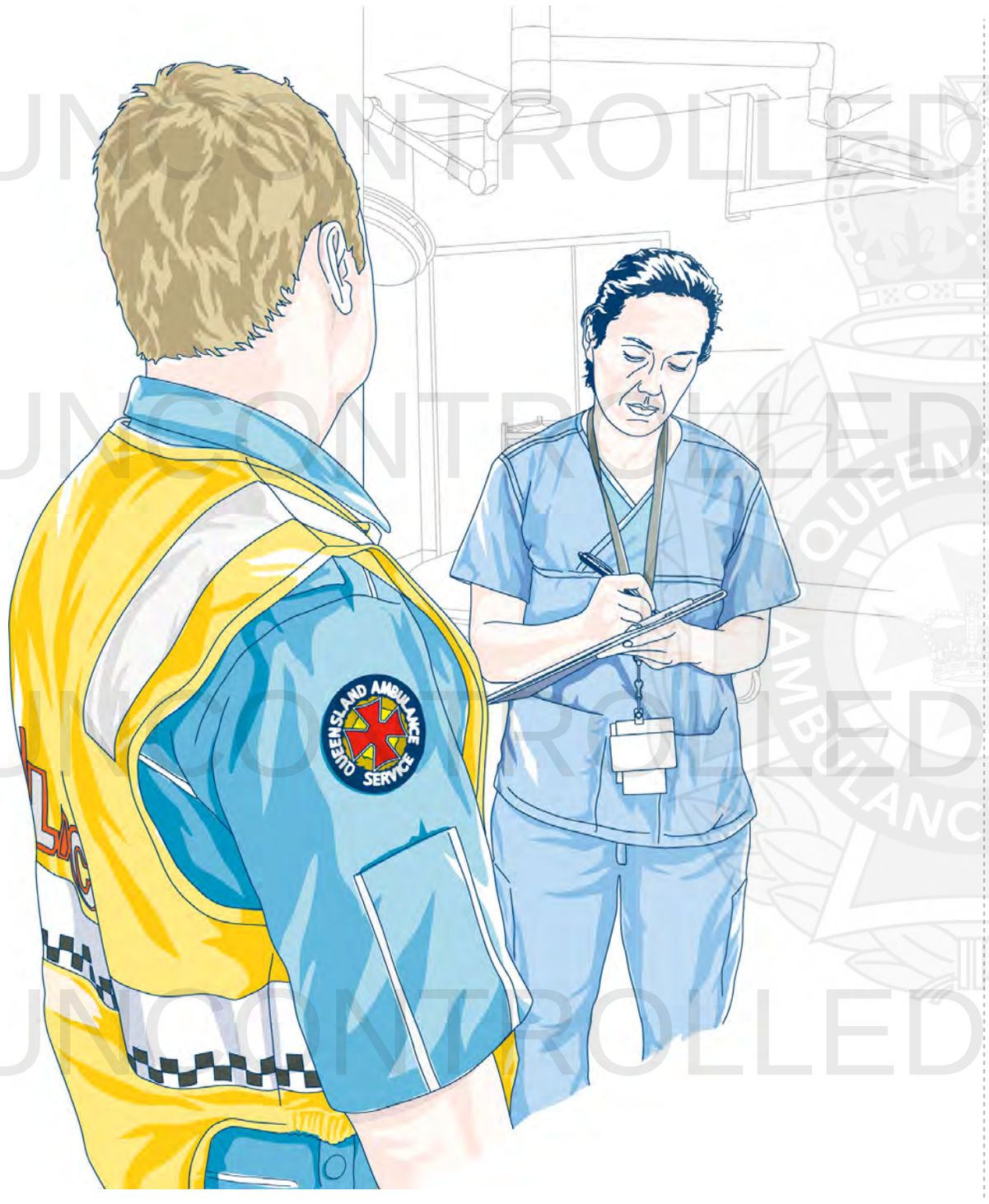
Clinical handover

February, 2021



Clinical handover is a synopsis of QAS assessment and treatment provided to medical and nursing staff responsible for the continued management and care of a patient.

Indications

- Patients transported by QAS to a health facility.
- When handing over the care of a patient to an alternate QAS crew.

Contraindications

- Nil in this setting

Complications

- A clinical handover must accurately and succinctly convey pertinent case details and any treatment or management received by the patient.
- In an emergency situation treatment decisions may be guided by the information provided in a clinical handover.

The mnemonic **IMIST – AMBO** [1] has been developed as a guide to assist in the delivery of a clear, concise handover:

IMIST – AMBO	
I: *Identification*	Patient's name and age
M: *Mechanism/medical complaint*	What is the mechanism of injury or presenting problem?
I: *Injuries/information relative to complaint*	Patient assessment and history relevant to complaint
S: *Signs*	Vital signs and GCS
T: *Treatment and trends*	Interventions and response to treatment
A: *Allergies*	What is the patient allergic to?
M: *Medications*	What are the regular medications? Are the medications present?
B: *Background*	Medical history
O: *Other issues*	• Characteristics of the scene • Social situation • Advanced health care directive • Belongings or valuables • Cultural and religious considerations • The need for an interpreter

Additional information

- Communication failures are a major cause of adverse events in clinical settings.
- Communication models all maintain that communication is a two–way process. Many historical, social, cultural and human factors will impact on patient handovers, as will noise, chaos and interruptions which, while not unique to the pre–hospital environment, clearly make communication more difficult.
- Prior to commencement of patient handover the clinician should determine to whom and when the transfer of responsibility will occur, and when clinically appropriate/safe for the patient to be transferred from the ambulance stretcher.
- Prior to leaving a patient all drug administrations/procedures must be documented and remain with the patient, either on the whiteboard in resuscitation rooms, on patient triage or file notes, as well as the eARF.
- An effective clinician handover is:
  - confident and succinct;
  - advocates for the patient;
  - 'clearly stated';
  - assertive and loud;
  - structured;
  - should not contain irrelevant information;
  - is congruent with documentation; and
  - asks for feedback ***(e.g. is there anything else I can tell you about this case/patient?)*** [1]