



CLINICAL GUIDELINE	
Clinical Handover	
Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

This document should be read in conjunction with this [DISCLAIMER](#)

Structured clinical handover has been shown to reduce communication errors within and between health service organisations, and to improve patient safety and care, because critical information is more likely to be accurately transferred and acted on. This is especially important at transitions of care, when communication errors are more likely and there is an increased risk of information being miscommunicated or lost. Ineffective communication at clinical handover is also associated with clinicians spending extensive time attempting to retrieve relevant and correct information. This can result in inappropriate care, and the possibility of misuse or poor use of resources.

Under an effective standardised and structured clinical handover process, all relevant participants know the minimum information that needs to be communicated when handovers take place, the purpose of the handover, the structured format to aid communication, and how responsibility and accountability are transferred.

The purpose of clinical handover is to ensure that relevant, accurate and current information about a patient’s care is transferred to the right person or people, action is taken (when necessary) and continuity of patient care is maintained.

Refer to NSQHS Standard 6 – [Communicating for Safety / Communication at clinical handover](#).

Neonatal Admission to SCN3/SCN2

Medical and midwifery/nursing staff that accompany a baby into SCN3 or SCN2 must handover to the receiving medical and nursing staff. The handover must take place using the iSoBAR format. The receiving team must formulate a management plan for the baby and allocate staff accordingly.

Cardiac: Post-Operative Handover

Surgical patients – Post-Operative Handover

For Clinical Handover, Neonatology has adopted the iSoBAR Clinical Handover format.

IDENTIFY:	Name and UMRN
SITUATION:	Birth Gestation, Clinical scenario, reason for admission
OBSERVATION:	Cardiovascular & respiratory observations Respiratory support (ETT size, depth of insertion, confirmation of placement), Pressures, FiO2 Tone, reactivity Other concerns
BACKGROUND: (Relevant Past Problems)	Maternal history Labour/Birth history Resuscitation
ASSESSMENT:	Assessment of clinical status
RECOMMENDATION READBACK:	Clinical priorities in management, investigations/Procedures, desired feeding plan, parental consents Communication with parents

Medical Clinical Handover

Whenever there is a change of shift the infants in the NICU need to be handed over to the next shift using the Neonatal Medical Handover Chart. In addition the following situations require a written handover in the progress notes MR420.

Transferring an Infant from SCN3 to a Level 2 Area (SCN2, HDU, 2W, Satallite)

At 0800 each morning the SCN3 Consultant will identify any suitable/likely infants that can be transferred out of SCN3 (i.e. to SCN2/HDU/2W) and inform the SCN3 Coordinator.

Following this:

1. A detailed medical **Transfer Summary** will be written in the progress notes (MR420) of the identified infants to include:
 - A relevant comprehensive summary of Situation, Observations, Background, Assessment and Recommendations (iSoBAR) - see box below.
 - The destination of infant.
2. The Problem List MR485.03 and Flow Chart MR485.02 must be up to date.
3. The infant should have a complete review of all relevant charts and a full physical examination if one has not been completed in last 48 hours (either a Weekly Check MR485.02 or a Discharge Check on the MR410).
4. A member of the medical team will then contact a member of the receiving medical team and after conducting a full verbal handover will document under the Transfer Summary:
 - "Infant 'A' handed over to Dr 'B', and then sign/print/designation.
5. No infant will be transferred to another location until these steps are undertaken.

Transferring an Infant from KEMH to PCH 3B

The Consultant on service will authorise infants that are to be transferred to 3B and inform the Coordinator in that area. Then follow steps 1 to 5 above.

Transferring an Infant to KEMH Postnatal Ward

The Consultant/SR/Reg on service will authorise infants that are to be transferred and inform the Coordinator in that area. Follow steps 1 to 5 then contact the Postnatal Ward

RMO. If transfers occur overnight the infant can be handed over in the morning when RMO starts shift. This will require the RMOs meeting with the SCN2 registrar when they collect their pagers at 0800.

Transferring an Infant from KEMH/PCH to a Peripheral Hospital

The Consultant/SR on service will authorise infants that are to be transferred inter-hospital and inform the Coordinator in that area. Then follow steps 1 to 5 above. In addition complete Neobase/ NaCS/ Transfer letter.

Nursing Clinical Handover

Whenever there is a change of shift infants in the NICU need to be handed over to the next shift using the:

- iSoBAR format.
- iSOFT Clinical Manager Nursing Handover Chart.
- Relevant medical record forms.

In addition a **PATIENT SAFETY BEDSIDE CHECKLIST** must be completed. The following situations also require a written handover in the progress notes MR420.

NOTE: All patients are required to have a nursing entry in progress notes each shift and with any change in condition.

Transferring infants from one area to another (SCN3/2, HDU, 2W, Satellite)

1. No infants are to be moved without first discussing with the Coordinator/CNC/On-service SR or Consultant).
2. All paperwork must be up to date.
3. The allocated nurse will then contact the nurse taking over and conduct full verbal handover and beneath the medical documented Transfer Summary (if applicable), write:
 - "Infant 'A' transferred to 'X' nursery. Care handed over to RN/RM/EN 'B'" and then sign/print/designation.
4. No infant will be transferred to another location until these steps are undertaken.

Transferring an Infant from KEMH to PCH Ward 3B

The Consultant on service will authorise infants that are to be transferred to 3B and inform the Coordinator in that area. Then follow steps 2 to 4 above.

Transferring an Infant to KEMH Postnatal Ward (PNW)

The Consultant/SR/Reg on service will authorise infants that are to be transferred and inform the Coordinator in that area. Follow step 2, then on arrival at PNW both transferring and accepting staff to sign **Clinical Handover Transfer Stamp** (kept on the PNW's).

Transferring an Infant from NICU to a Peripheral Hospital

The Consultant/SR on service will authorise infants that are to be transferred inter-hospital and inform the Coordinator in that area. After the peripheral hospital has agreed to accept the infant from **both** medical & nursing staff, complete the following:

- All paperwork up to date.
- MR430 Admission and Discharge Form.
- Interhospital Transfer Form MR440.

The **iSoBAR** tool on iSOFT Clinical Manager Nursing Handover Chart is the form the basis of the NICU Nursing Handover as follows:



IDENTIFY	Name & UMRN	
SITUATION	First Name: GA: CGA: Actual age: BW: ____ g CW: ____g (+/-) Diagnosis: Current problem:	
OBSERVATION	Ventilation: S/V if none Back Transfer hospital (if applicable): Phototherapy: Date started/date ceased Head scans: Day1: Day7: Day28: (or N/A) write extra USS here Immunisations: (birth Hep B, DTP/Paliv etc, or N/A) Eye checks: (or N/A) Referrals: simple referrals. For complex referrals write 'see Referral/Social Work file'	
BACKGROUND (Relevant Past Problems)	Maternal/Birth history: Resolved problems: (problem & date) Medications: EPDS: SW: Just name as will still have social file for complex patients.	
ASSESSMENT	MLs/kg: Nutrition: write all lines in situ here with infusions as well as milk orders.	MILK ROOM Milk type and total volume in 24 hours - enter information in the green section on right DIET: scroll down to find MILK ROOM enter in the lower green box.
READBACK	Clarify ward round changes and any concerns: Only write info not added into other sections.	

Related CAHS internal policies, procedures and guidelines
CAHS: Clinical Handover Identification of the Infant Transition and Transfer from Neonatal Intensive Care Unit to a PCH Inpatient Unit Transport of Neonates within the Nursery and within the Hospital

References and related external legislation, policies, and guidelines
DoH: MP0095 – Clinical Handover Policy

Useful resources (including related forms)
NSQHS Standard 6: Communicating for Safety / Communication at clinical handover.

This document can be made available in alternative formats on request for a person with a disability.

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