



GUIDELINE

Post-Operative Handover

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

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

Post-operative Handover of Surgical Patients

Well before leaving theatre, the Anaesthetist or Anaesthetic Registrar should call the NICU Registrar (Vocera: '3B Senior Registrar') to notify of patient's return with details of:

- procedure carried out
- any major complications or instability of the patient
- respiratory support and
- any infusions running.

The Registrar must notify the bedside nurse and 3B Duty Coordinator of the patient's expected return. The patient's bed space should be set up with appropriate monitoring, drug infusions and ventilator settings.

In hours:

The NICU Senior Registrar should notify the Duty Neonatal Consultant.

After hours:

If the patient is **stable** without significant concerns, the NICU Senior Registrar should initially take handover as outlined below and then update the Neonatal Consultant.

If the patient is **unstable** or there are anaesthetic concerns, the NICU Senior Registrar should immediately notify the Duty Consultant so that the Consultant has plenty of time to be present when the patient returns to the NICU.

If infant unstable, consultant anaesthetist (or delegate) should attempt to contact the consultant neonatologist directly at least 20mins prior to end of procedure in order for them to be able to be on the unit at time of re-admission.

Handover

Handover from the consultant anaesthetist should always be to the most senior doctor available.

Personnel to be present:

- Anaesthetic Consultant/ Registrar
- NICU Consultant (all patients in-hours and unstable patients after-hours)
- NICU Senior Registrar/ Registrar
- 3B shift co-ordinator (for unstable babies)
- Bedside nurse
- Theatre nurse
- +/- member of surgical team - if not present for handover should present to NICU within 30 mins of patients return to NICU
 - Await all necessary personnel to be present before commencing handover.
 - The patient remains the primary responsibility of the anaesthetist until handover is complete.
 - On arrival back, NICU staff should assist anaesthetist with transferring patient onto NICU ventilator +/- chest drains to suction.
 - No other monitoring/ infusions should be switched until after handover.
 - All non-essential staff should move away from immediate patient area.
 - Everyone remains quiet and listens to anaesthetic handover until complete.
 - At the end of handover, NICU medical team confirms shared understanding and agrees plan.

Following handover

- Patient is transferred onto NICU monitoring and pumps.
- NICU staff fully examine patient and record handover in patients notes.
- Plans for bloods/ X-Rays agreed between medical and nursing staff.
- Commence prescribed analgesia.
- Encourage parents to see patient as early as possible, once stable.

Documentation

NICU Medical staff receiving handover needs to document in the inpatient progress notes

- Procedure performed
- Any complications / blood loss
- IV Fluids and blood products given in theatre
- Medications given in theatre
- ETT type, length, cuff pressure used
- Ventilation settings on return to the ward
- Lines, catheters and/or drains in situ
- Examination on return to ward
- Ongoing plan of care

Related CAHS internal policies, procedures and guidelines

[Clinical Handover](#)



[Identification of the Infant](#)

References and related external legislation, policies, and guidelines

DoH: MP0095 – [Clinical Handover Policy](#)

[NSQHS Standard 6 – Communicating for Safety](#)

This document can be made available in alternative formats on request.

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Compassion

Excellence

Collaboration

Accountability

Equity

Respect

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