



CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PCH and NETS WA

Clinical Handover

This document should be read in conjunction with the [Disclaimer](#)

The need for a handover checklist has been highlighted by the National Clinical Handover Initiative of the Australian Commission on Safety and Quality in Health Care. Shift-to-shift medical and nursing handovers have been identified as high-risk areas in which improved clinical handover solutions are urgently required. Factors contributing to poor information handover include: a basic understanding of handover processes, absence of a common structure and the lack of clear policies on how to conduct effective handover. The transfer of responsibility and accountability is not commonly well executed.

Refer to NSQHS Standard 6 - [Clinical Handover](#).

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

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.

The **iSoBAR** tool can be adapted to the needs of NICU Handover as follows:

IDENTIFY:	Name and UMRN
SITUATION:	Birth Gestation→Corrected Gestation/Current Weight/Current Problems
OBSERVATION:	Ventilation including mode & settings & ETT size & position Fluid volume & type Other system info (e.g. CVS / NEURO / GIT / MICRO) Medications Phototherapy Scans Referrals
BACKGROUND: (Relevant Past Problems)	Maternal/Birth History PDA status/prev. CONS sepsis/Previous Therapeutic Cooling
ASSESSMENT:	Investigation results (Blood & Radiology)/Current clinical progress.
RECOMMENDATION READBACK:	Current Management Plan/Investigations pending/Procedures pending/Imminent discharge or transfer.

Nursing Clinical Handover

Whenever there is a change of shift infants in the NCCU 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, Satallite)

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 NCCU 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.	

References

1. iSoBAR - a concept and handover checklist: the National Clinical Handover Initiative. Porteous et al. *Med J Aust* 2009; 190 (11): 152.
2. World Health Organization Collaborating Centre for Patient Safety Solutions. Communication during patient hand-overs. *Patient Saf Solut* 2007; 1 (Solution 3).
3. Bomba DT, Prakash R. A description of handover processes in an Australian public hospital. *Aust Health Rev* 2005; 29: 68-79.
4. "HAND ME AN ISOBAR": a pilot study of an evidence-based approach to improving shift-to-shift clinical handover. Kwang C Yee, Ming C Wong and Paul Turner. *Med J Aust* 2009; 190 (11): 121

Related policies

PCH: [Clinical Handover](#)

PCH: [Transition and Transfer from Neonatal Clinical Care Unit to a PCH Inpatient Unit](#)



PCH: [Intra-hospital Transfer](#)

Related WNHS policies, procedures and guidelines

[Clinical Handover Policy OD 0484/14](#)

WNHS Policy - [Clinical Handover](#)

[NSQHS Standard 6 - Clinical Handover](#)

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