# Standard Operating Procedure – Critical Care Handover

## 1. Prepare for transfer

- Use transfer checklist handover

## 2. Arrive on Critical Care

- Request presence of critical care doctor

## 3. Anaesthetist and nurse establish ventilation

- Connect capnography, ECG, pulse oximeter
- Assess sedation and administer if necessary

## 4. Team introductions

Team members introduce themselves

- Anaesthetist
- Critical care nurse
- Emergency department nurse
- Critical care bedside nurse
- Critical care doctor
- Critical care nurse
- Critical care nurse in charge, if available
- Critical care consultant, if available

## 5. Verbal handover

- Anaesthetist handover – use form overleaf
- Nurse handover
- Anaesthetist to assign roles for transfer

## 6. Transfer patient

- Critical care / Anaesthetist – lead and manage airway
- Nurses – monitoring, pat-slide and equipment
- Critical care nurse to change arterial line transducer

## 7. Anaesthetist and Critical Care doctor review observations

- Re-assess ABCDE, ensure stable before leaving

# TRANSFER CHECKLIST HANDOVER

## Airway

ETT

Intubation grade

Indication for intubation

## Breathing

FiO2

Ventilator settings

CXR

ABG

## Circulation

Access

Fluids / output

CV support / inotropes

## Disability / drugs

GCS and pupils

Glucose / temperature

Antibiotics

Insulin / infusions

## Exposure / equipment

Infusions labelled

Log roll

Drains

Other

Date of admission:

Date of transfer:

Patient details
Affix sticker

## Patient

PMH

Medication

Allergies

## Problem

PC / HPC

Diagnosis

Examination / key findings

Investigation results

Critical incidents

## Plan

Surgical

LMWH / UFH

Antibiotics

Drains

Feeding

Family aware

Outstanding issues

Targets MAP UO $PaO_2$ $PaCO_2$

Consultant critical care _____ Parent speciality consultant_____