



## Clinical Practice Procedures: Other/Clinical handover

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<b>Date</b>	February, 2021
<b>Purpose</b>	To ensure a consistent procedural approach to clinical handover.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
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**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.



## Procedure – Clinical handover

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

IMIST – AMBO	
<b>I: Identification</b>	Patient's name and age
<b>M: Mechanism/medical complaint</b>	What is the mechanism of injury or presenting problem?
<b>I: Injuries/information relative to complaint</b>	Patient assessment and history relevant to complaint
<b>S: Signs</b>	Vital signs and GCS
<b>T: Treatment and trends</b>	Interventions and response to treatment
<b>A: Allergies</b>	What is the patient allergic to?
<b>M: Medications</b>	What are the regular medications? Are the medications present?
<b>B: Background</b>	Medical history
<b>O: Other issues</b>	<ul style="list-style-type: none"> <li>• Characteristics of the scene</li> <li>• Social situation</li> <li>• Advanced health care directive</li> <li>• Belongings or valuables</li> <li>• Cultural and religious considerations</li> <li>• The need for an interpreter</li> </ul>

### 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?*)<sup>[1]</sup>