

Australian and New Zealand College of Anaesthetists (ANZCA)

Statement on the Handover Responsibilities of the Anaesthetist

1. INTRODUCTION

The major responsibility of the anaesthetist during anaesthesia, sedation, or major regional analgesia is to provide care for the patient and to be continually present throughout the procedure. In certain circumstances, it is necessary for the anaesthetist to hand over that responsibility and accountability, e.g. in situations of prolonged anaesthesia, handover may be advantageous to the patient by preventing undue fatigue of the primary anaesthetist. Handover is required for temporary relief, where the primary anaesthetist must leave the patient but will return to resume management of the patient; and also for permanent handover, where the primary anaesthetist must leave the patient under the care of another anaesthetist for the remainder of an anaesthetic, or when handing over care at the end of an anaesthetic. Such handovers will not compromise patient safety provided that appropriate procedures are followed.

At the completion of anaesthesia the care of the patient will be transferred to the care of another person in a hospital unit-based location including the post-anaesthesia recovery room (post anaesthesia care unit - PACU), intensive care unit (ICU), or high dependency unit (HDU). Unless formal handover to another suitably qualified and available medical practitioner has occurred, the anaesthetist retains responsibility for ensuring that the patient recovers safely from anaesthesia in an area appropriate for that purpose, and also retains accountability for the management of the patient recovering from anaesthesia, particularly while in the recovery room.

2. PROTOCOL FOR TRANSFER OF RESPONSIBILITY DURING ANAESTHESIA

The primary anaesthetist must be satisfied as to the competence of the relieving anaesthetist to assume management of the patient and should ideally hand over responsibility only at a time when the clinical status of the patient is stable and no foreseen adverse events are likely to occur.

The relieving anaesthetist must be willing to accept responsibility for the patient and must have had all facts relevant to the safe management of the patient adequately explained.

The following matters must be communicated by the primary anaesthetist and understood by the relieving anaesthetist:

- 2.1 The patient's health status must be reviewed having regard to past history and the present condition.
- 2.2 A description of the anaesthetic technique including drugs, intravascular lines, airway security, fluid management, untoward events and any foreseeable problems plus the plans for further intraoperative and postoperative management.
- 2.3 The current state of the surgical procedure and its implications for the management of anaesthesia.
- 2.4 Observations of the patient according to College professional document *PS18 Recommendations on Monitoring During Anaesthesia* as shown by the anaesthetic record.



- 2.5 A check to ensure correct functioning of the anaesthesia delivery system, monitoring devices in use and any other equipment which is interfaced with the patient.
- 2.6 Notification of the handover to the operating surgeon/proceduralist and to the consultant anaesthetist (in the case of a trainee).
- 2.7 The nature of the handover i.e. whether temporary (with an expected duration) or permanent.
- 2.8 In the case of temporary relief the relieving anaesthetist should not change the anaesthetic management substantially without conferring with the primary anaesthetist, except in an emergency and the primary anaesthetist must be available to return at short notice.

3. PRINCIPLES FOR HANDOVER AT COMPLETION OF ANAESTHESIA

- 3.1 The anaesthetist is responsible for ensuring that the patient recovers safely from surgery and anaesthesia in an area appropriate for that purpose as specified in College professional document *PS4 Recommendations for the Post-Anaesthesia Recovery Room* including recovery room, PACU, ICU, HDU.
- 3.2 Care of and responsibility for the patient following sedation, major regional analgesia, or anaesthesia is shared between the nursing staff, the anaesthetist, and with the practitioner performing the procedure. There must be effective communication between all health professionals sharing care of the patient.
- 3.3 The anaesthetist is responsible for recognising, managing and documenting adverse effects that may be related to the anaesthetic technique. This includes a responsibility to inform patients and/or caregivers of any future health care matters relevant to the conduct of the technique.
- 3.4 When a patient is to be discharged from medical care on the same day that sedation or anaesthesia has been administered, the anaesthetist must ensure that the patient and/or caregivers are provided with protocols for post-anaesthesia care. See College professional document *PS15 Recommendations for the Peri-operative Care of Patients Selected for Day Care Surgery*.

4. SPECIFIC RESPONSIBILITIES

- 4.1 The anaesthetist is responsible for safe transport of the patient from the operating theatre or procedure room to the recovery room (PACU), HDU or ICU.
 - 4.1.1 Safe transport may require administration of supplemental oxygen.
 - 4.1.2 The anaesthetist is responsible for selection and use of appropriate monitoring equipment for use during transport.
- 4.2 The anaesthetist must provide a formal handover to suitably qualified staff in the recovery room (PACU) or ICU, with appropriate briefing on relevant aspects of the surgery, and anaesthetic technique.
 - 4.2.1 Handover of care should ideally occur when the anaesthetist considers that the patient's condition is stable, particularly with regard to cardio-respiratory status.
 - 4.2.2 Handover should include instructions relating to specific relevant issues such as airways, throat packs, intravenous and intra-arterial devices, epidurals or drug infusions.
- 4.3 The anaesthetist will provide specific advice regarding:
 - 4.3.1 clinical observations and monitoring and reportable levels
 - 4.3.2 pain relief

- 4.3.3 management of complications, particularly post-operative nausea and vomiting
- 4.3.4 fluid therapy
- 4.3.5 respiratory therapy
- 4.3.6 any residual regional anaesthesia block
- 4.3.7 discharge expectations from the post-anaesthesia care unit
- 4.3.8 ongoing care related to anaesthesia matters
- 4.4 The anaesthetist must be readily available to deal with any unexpected problems or alternatively ensure that another nominated anaesthetist or other suitably qualified medical practitioner is available and has access to the necessary information about the patient.
- 4.5 Other responsibilities are:
 - 4.5.1 To establish that the patient not be discharged from the recovery facility until discharge criteria are satisfied.
 - 4.5.2 To ensure that there are plans for adequate post-operative care of the patient after discharge from PACU.
 - 4.5.3 To provide advice to the primary care team after discharge of the patient from the post-anaesthesia care unit.

RELATED ANZCA DOCUMENTS

PS4 Recommendations for the Post-Anaesthesia Recovery Room

PS15 Recommendations for the Peri-operative Care of Patients Selected for Day Care Surgery

PS18 Recommendations on Monitoring During Anaesthesia

FURTHER READING

Australian Commission on Safety and Quality in Health Care. OSSIE guide to clinical handover improvement. Sydney: ACSQHC, 2010. From: http://www.health.gov.au/internet/safety/publishing.nsf/content/PriorityProgram-05_OssieGuide. Accessed 1 November 2010.

COLLEGE PROFESSIONAL DOCUMENTS

College professional documents are coded as follows:

TE *Training and Educational*
EX *Examinations*
PS *Professional Standards*
T *Technical*

POLICY – defined as ‘a course of action adopted and pursued by the College’. These are matters coming within the authority and control of the College.

RECOMMENDATIONS – defined as ‘advisable courses of action’.

GUIDELINES – defined as ‘a document offering advice’. These may be clinical (in which case they will eventually be evidence-based), or non-clinical.

STATEMENTS – defined as ‘a communication setting out information’.

Professional documents of the Australian and New Zealand College of Anaesthetists (ANZCA) are intended to apply wherever anaesthesia is administered and perioperative medicine practised within Australia and New Zealand. It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the application of these ANZCA documents in each case. It is recognised that there may be exceptional situations (e.g. some emergencies) in which the interests of patients over-ride the requirement for compliance with some or all of these ANZCA documents.

ANZCA professional documents are reviewed from time to time, and it is the responsibility of each practitioner to ensure that he or she has obtained the current version which is available from the College website (www.anzca.edu.au). Each document is prepared in the context of the entire body of the College’s professional documents, and should be interpreted in this way. These professional documents have been prepared having regard to the information available at the time of their preparation, and practitioners should therefore take into account any information that may have been published or become available subsequently.

Whilst ANZCA endeavours to ensure that its professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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