Position 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 continuously present throughout the procedure. In certain circumstances, it is necessary for the anaesthetist to hand over that responsibility and accountability, for example, 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 *PG18(A) Guideline on monitoring during anaesthesia* as shown by the anaesthetic record.

Australian and New Zealand
College of Anaesthetists
& the Faculty of Pain Medicine

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, that is, 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 *PS04(A) Position statement on the post-anaesthesia care unit* 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 *PG15(POM) Guideline for the perioperative care of patients selected for day stay procedures*.

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 trained and 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 PACU.

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 PACU.

Related ANZCA documents

PS04(A) Position statement on the post-anaesthesia care unit

PG15(POM) Guideline for the perioperative care of patients selected for day stay procedures

PG18(A) Guideline on monitoring during anaesthesia

This document is accompanied by a background paper (PS53(A)BP) which provides more detailed information regarding the rationale and interpretation of the Statement.

Further reading

Australian Commission on Safety and Quality Health Care. Implementation toolkit for clinical handover improvement. Sydney: ACSQHC, 2011. From http://www.safetyandquality.gov.au/our-work/clinical-communications/clinical-handover/implementation-toolkit-for-clinical-handover-improvement-and-resource-portal/ Accessed 27 May 2013.

Australian Commission on Safety and Quality in Health Care. OSSIE guide to clinical handover improvement. Sydney: ACSQHC, 2010. From: http://www.safetyandquality.gov.au/our-work/clinical-communications/clinical-handover/ossie-guide Accessed 27 May 2013.

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 (for example, some emergencies) in which the interests of patients override the requirement for compliance with some or all of these ANZCA documents. Each document is prepared in the context of the entire body of the College's professional documents, and should be interpreted in this way.

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). The 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 has 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.

Promulgated (as *PS53*, amalgamating *PS10* and *PS20*): 2011
Reviewed: 2013
Date of current document: August 2013

© Copyright 2020 – Australian and New Zealand College of Anaesthetists. All rights reserved.

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from ANZCA. Requests and inquiries concerning reproduction and rights should be addressed to the Chief Executive Officer, Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004, Australia. Email: ceoanzca@anzca.edu.au

ANZCA website: www.anzca.edu.au