

INTENSIVE CARE UNIT HANDOVER TOOL



HANDOVER OF CLINICAL INFORMATION MUST NOT BEGIN UNTIL STEP 3
(Unless relevant to a safety check)

1

Identify handover facilitator (this can be *any* doctor or nurse. If nobody volunteers, then this should be the ACNM or North End Co-ordinator.

State: “My name is _____ and I will direct the handover process.”

SAFETY CHECK



ASK: ‘Are there any urgent management priorities?’
If ‘YES’, these must be addressed before continuing.



2

ICU team transfers monitors / ventilation / drains onto ICU equipment

SAFETY CHECK

Ventilation / monitoring check.

ASK: ‘Is the patient ventilating satisfactorily?’

AND: ‘Is the monitoring functioning and is the patient cardiovascularly stable?’
Address any issues before proceeding with handover process.

ALL ACTIVITY NOW STOPS DURING HANDOVER OF INFORMATION

3

HANDOVER OF PATIENT INFORMATION

There should be no extraneous noise in the bedspace

State: ‘The team should now hand over the patient information.

Please do not interrupt.’

- Identification** of team members, patient, treating / admitting consultant
- Diagnosis** / presenting problem
- Background** including identification of airway devices/lines/infusions/regional anaesthesia
- Significant events** occurring before admission to ICU
- Specific instructions** from surgeon / treating physician / handover team
- Family** informed of ICU admission? By whom? Patient property/valuables?

4

Questions from ICU team / discussion.

At end of questions specifically ask: ‘**Does anyone have anything to add or ask?**’

THE PATIENT IS NOW BEING MANAGED BY THE ICU TEAM

NOTES

1. The handover process (see over) details a number of steps that are expected to be followed to ensure in the safe and efficient handover of patient care.
2. This process is expected to be used for all ICU admissions.
3. The questions in blue text provide a suggested script for the handover and are intended to be spoken out loud by the handover facilitator in order to aid progression through the handover.
4. The care of the patient is the responsibility of the transferring team **until care is handed over**. The ICU team will provide assistance to manage any clinical issues that may arise emergently. However, it is expected that any non-urgent management decisions will be managed in a collaborative process between the transferring and ICU teams.
5. This process will be audited and adjusted as required.