Clinical Practice Procedures: Other/Clinical handover

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Clinical.Guidelines@ambulance.qld.gov.au

<table>
<thead>
<tr>
<th>Date</th>
<th>October, 2016</th>
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<tbody>
<tr>
<td>Purpose</td>
<td>To ensure a consistent procedural approach to Clinical handover.</td>
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<tr>
<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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<tr>
<td>Author</td>
<td>Clinical Quality &amp; Patient Safety Unit, QAS</td>
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<td>Review date</td>
<td>October, 2018</td>
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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.
The mnemonic **IMIST – AMBO** has been developed as a guide to assist in the delivery of a clear, concise handover:

<table>
<thead>
<tr>
<th>IMIST – AMBO</th>
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<tbody>
<tr>
<td><strong>I:</strong> Identification</td>
<td>Patient’s name and age</td>
</tr>
<tr>
<td><strong>M:</strong> Mechanism/medical complaint</td>
<td>What is the mechanism of injury or presenting problem?</td>
</tr>
<tr>
<td><strong>I:</strong> Injuries/information relative to complaint</td>
<td>Patient assessment and history relevant to complaint</td>
</tr>
<tr>
<td><strong>S:</strong> Signs</td>
<td>Vital signs and GCS</td>
</tr>
<tr>
<td><strong>T:</strong> Treatment and trends</td>
<td>Interventions and response to treatment</td>
</tr>
<tr>
<td><strong>A:</strong> Allergies</td>
<td>What is the patient allergic to?</td>
</tr>
<tr>
<td><strong>M:</strong> Medications</td>
<td>What are the regular medications? Are the medications present?</td>
</tr>
<tr>
<td><strong>B:</strong> Background</td>
<td>Medical history</td>
</tr>
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</table>
| **O:** Other issues | - Characteristics of the scene
- Social situation
- Advanced health care directive
- Belongings or valuables
- Cultural and religious considerations
- The need for an interpreter |

### 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 paramedic 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 paramedic 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?](#))

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*e Additional information is uncontrolled when printed.*