



Clinical Practice Frequently Asked Question

Q: What is the standard for handoff report from the PACU to the receiving unit?

A: According to ASPAN's *2025-2026 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* Practice Recommendation: Safe Transport of Care: Handoff and Transportation the perianesthesia nurse is responsible for safe transitions of care throughout all phases of perianesthesia care.¹ The Joint Commission cites up to 80% of serious medical errors involve miscommunication between caregivers during transfer of care. A structured handoff process reduces errors and omissions of pertinent information, eliminates confusion and redundancy, and increases the effectiveness of the handoff. Further recommendations according to the ASPAN Practice Recommendation for handoff at all phases of care, include:

- The receiving care provider is notified of impending transfer with a complete report communicated before or at the time of the transfer.
- There is an opportunity for questioning between caregivers.
- Using face to face, telephone, wireless voice or video communication methods; avoiding paper or electronic communication as the sole means for handoff.
- Utilizing a standardized tool or method for communication, i.e. SBAR.

Reference

1. American Society of PeriAnesthesia Nurses. Safe transfer of care: handoff and transportation. In: *2025-2026 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. ASPAN; 2024:88-90.