



ASPAN

American Society of PeriAnesthesia Nurses

Clinical Practice: Frequently Asked Question

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

A: In 2005, the Joint Commission identified communication errors during handoff as a contributory cause in at least half of sentinel events. The *2019–2020 ASPAN Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* describe the handoff communication process in Practice Recommendation 6, Safe Transfer of Care: Handoff and Transportation. Perianesthesia nurses are responsible for their patients' safe transfer of care and for employing an appropriate and reliable method of communicating with the next healthcare provider. A structured handoff process reduces errors and omissions of pertinent information, eliminates confusion and redundancy, and increases the effectiveness of the handoff. Minimally, the handoff report should include:

1. Patient's name and age
2. Patient's pertinent history: allergies, precautions, surgeries, hospitalizations, medical history and physical limitations
3. Surgeon's name and procedure performed
4. Type and tolerance of anesthesia/sedation
5. Unusual events during procedure
6. Estimated blood loss and fluid replacement
7. Clinical history and physical assessment to minimally include:
 - Level of consciousness/orientation
 - Vital signs, including temperature
 - Status of dressings/surgical site, drainage tubes
 - Amount and type of IV fluids infused and amount remaining in present bag
 - Medications given and effects, (if appropriate)
 - Previous pain management interventions, effects, present pain score, patient goals
 - History of recent opioid use or requirement/tolerance
 - Previous comfort measures, comfort status (e.g. PONV), patient comfort and function goals
 - Tests and treatments performed (e.g., labs, x-rays, aerosols)
 - Other assessment findings (e.g., breath sounds, neurovascular status, abdominal distention, bowel sounds)
 - Review of postoperative orders as applicable
 - Valuables/sensory aids disposition (eyeglasses, hearing aids)
 - Social support (family, significant others, caregivers)

Advance notice of transfer allows the receiving provider the opportunity to prepare for the patient's arrival. Handoff report should be completed before or at the time of transfer. There should be an opportunity for the provider assuming care of the patient to ask the transferring nurse questions. Keep in mind that responsibility for effective handoff communication belongs to both providers. Not only does the current caregiver have a responsibility to cover all of the pertinent information, the receiving caregiver has the duty to actively listen to the handoff report or to read it carefully and request clarification as needed. Whether handoff report is in verbal or written format, it is a critical process which requires each individual caregiver to be fully engaged.

In summary, each institution should hardwire the handoff communication process. Using a standardized system, or tool, discourages miscommunication or failed communication. Guidelines designed to meet the needs of the population optimize a safe transition of care.

References:

American Society of PeriAnesthesia Nurses. Practice recommendation 6: Safe Transfer of Care: Handoff and Transportation *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2018.

This FAQ was reviewed and updated July 2019