



Guidelines on the Handover of Responsibility of an Anaesthesiologist

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1. INTRODUCTION

1.1. During an anaesthetic, the major responsibility of the anaesthesiologist is to provide care for the patient. This requires the continuous presence of the anaesthesiologist. However, in certain circumstances, it is necessary for the anaesthesiologist to hand over that responsibility to a colleague. In this situation, specific procedures must be followed so that handovers will not compromise patient safety. In prolonged anaesthetics, handover may be advantageous to the patient by preventing undue fatigue of the primary anaesthesiologist.

2. GENERAL PRINCIPLES ON HANDOVER OF RESPONSIBILITIES OF CARE

2.1. Handover of responsibilities of care is necessary when the primary anaesthesiologist must leave the patient either temporary (will return to resume the management of the anaesthetic) or permanently for the remainder of the anaesthetic.

2.2. The primary anaesthesiologist will hand over the responsibility when the clinical status of the patient is stable

2.3. The primary anaesthesiologist must be satisfied as to the competency of the relieving anaesthesiologist to assume management of the case.

2.4. The relieving anaesthesiologist must be willing to accept responsibility for the patient and must have had all the facts relevant to the safe management of the patient adequately explained.

2.5. In the case of temporary relief, the relieving anaesthesiologist should not change the anaesthetic management substantially, except in an emergency, without conferring with the primary anaesthesiologist. The primary anaesthesiologist must be available to return at short notice

2.6. In the case of permanent relief, the relieving anaesthesiologist has responsibility to be fully conversant with the patient's present and ongoing anaesthetic management. The handover procedure must include a briefing as to the patient's pre-operative status, events during the anaesthetic and



discussion of any foreseeable problems.

2.7. At the completion of anaesthesia, the care of the patient will be transferred to the care of another person in a location including the post-anaesthesia care unit (PACU), intensive care unit (ICU), or high dependency unit (HDU). Relevant and important information regarding the patient and events related to the anaesthetic episode must be handed over to the team that is continuing the care of the patient.

3. PROTOCOL FOR TRANSFER OF RESPONSIBILITY

3.1. The following items must be considered by the primary and relieving anaesthesiologists:

3.1.1. The patient's health status including past history and the present condition.

3.1.2. A description of the anaesthetic including drugs, intravascular lines, airway security, fluid management, untoward events and any foreseeable problems plus the plans of further intraoperative and postoperative management.

3.1.3. Observations of the patient according to HKCA Document "*Guidelines on Monitoring in Anaesthesia*" [P1] as shown by the anaesthetic record.

3.1.4. A check to ensure correct functioning of the anaesthesia machine and any other equipment which is interfaced to the patient as well as of all monitoring devices in use.

3.1.5. The current status of the surgical procedure and its implications for the anaesthetic management.

3.1.6. The provision of information about the handover to the surgeon and the supervising senior anaesthesiologist (in case of a trainee).

3.1.7. The time of handover should be documented in the anaesthetic record.



4. PRINCIPLES FOR HANDOVER AT COMPLETION OF ANAESTHESIA

4.1. Care of and responsibility for the patient following sedation, major regional analgesia, or anaesthesia is shared between the nursing staff, the anaesthesiologist, and with the practitioner performing the procedure. There must be effective communication between all health professionals sharing care of the patient.

4.2. The anaesthesiologist 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.

4.3. When a patient is to be discharged from medical care on the same day that sedation or anaesthesia has been administered, the anaesthesiologist must ensure that the patient and/or caregivers are provided with instructions for post-anaesthesia care. [HKCA Document [P5] *Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery*]

5. REFERENCE

Statement on the Handover Responsibilities of the Anaesthetist. PS53 (2011)