



Guidelines on the Handover of Responsibility of an Anaesthesiologist

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1. INTRODUCTION

During anaesthesia, sedation or major regional anaesthesia, the major responsibility of the anaesthesiologist is to provide care for the patient. This requires the continuous presence of an anaesthesiologist. However, in certain circumstances, it may be necessary for the primary anaesthesiologist to hand over that responsibility to another colleague, for example, during prolonged surgery to prevent undue fatigue or at the completion of surgery in order to transfer the responsibility of care to other units. In this situation, specific procedures must be followed so that handovers will not compromise patient safety

2. GENERAL PRINCIPLES ON HANDOVER OF RESPONSIBILITIES OF CARE

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

2.2. The primary anaesthesiologist should ideally 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 taking care of 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 the 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, anaesthetic technique and drugs administered, events during the anaesthetic, postoperative care and analgesia plan, and discussion of any



potential problems.

2.7. At the completion of anaesthesia, the care of the patient will be transferred to the care of another person in 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 management 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 clearly conveyed between the primary and relieving anaesthesiologists:

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

3.1.2. A description of the anaesthetic including drugs, intravascular lines, airway management, fluid therapy, untoward events and any foreseeable problems plus the plans for 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 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 nature of the handover, that is, whether temporary (with an expected duration) or permanent.

3.2. The surgeon and the supervising senior anaesthesiologist (in the case of a trainee) should be notified of the handover.

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



4. PRINCIPLES FOR HANDOVER AT COMPLETION OF ANAESTHESIA

4.1. At completion of anaesthesia, the patient will be transferred and taken care of by other units, for example, the PACU, ICU or HDU. Unless formal hand over to another suitably qualified and available medical practitioner has occurred, the primary anaesthesiologist retains responsibility for ensuring that the patient recovers safely from anaesthesia.

4.2. The anaesthesiologist is responsible for ensuring that the patient recovers safely in an area appropriate for that purpose as specified in HKCA document [P3] Guidelines on Postanaesthetic Recovery Care.

4.3. 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.

4.4. Care of and responsibility for the patient following sedation, major regional analgesia, or general 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.

4.5. Subject to institutional arrangement, the anaesthesiologist is often responsible for the safe transport of the patient from the operating theatre to the PACU, HDU or ICU, which may require provision of supplemental oxygen and the use of appropriate physiological monitoring during transport.

4.6. There must be a formal handover to a suitably trained person in the PACU, ICU or HDU, with appropriate briefing on relevant aspects of the surgery and anaesthetic technique.

4.6.1. Handover of care should ideally occur when the anaesthesiologist considers that the condition of the patient is stable.

4.6.2. Handover should include instructions relating to specific relevant issues, including airways, throat packs, intravenous and intra-arterial devices, epidurals or drug infusions.

4.7. The anaesthesiologist will provide specific advice regarding:

4.7.1. Clinical observations and monitoring and reportable levels.



- 4.7.2. Pain management.
- 4.7.3. Management of side effects of anaesthesia for example postoperative nausea and vomiting, or anaesthetic complications.
- 4.7.4. Intravenous fluid therapy.
- 4.7.5. Respiratory therapy.
- 4.7.6. Any residual regional anaesthesia block.
- 4.7.7. The conditions under which a patient is expected to be fit for discharge from PACU.

4.8. Ongoing care related to anaesthesia matters.

4.9. The anaesthesiologist retains the accountability for the management of the patient recovering from anaesthesia while in PACU. The anaesthesiologist must be readily available to deal with any problems or alternatively ensure that another nominated anaesthesiologist or suitably qualified medical practitioner is available and has access to the necessary information about the patient.

4.10. The anaesthesiologist should ensure that there are proper plans or provide advice to the primary team for postoperative care of the patient after discharge from PACU

4.11. 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 and the patient is in a suitable condition to leave the health institute. [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. Australian and New Zealand College of Anaesthetists. PS53 (2013)