

Nurses International
Oncology Clinical Skills

Name of the Procedure/Rubric/Rationale: End of Shift Report/Handover

Step	Procedure	Yes	No	Remarks
1.	Update electronic handover sheet with client information on: <input type="checkbox"/> Code status <input type="checkbox"/> Date of admission <input type="checkbox"/> Age and Gender <input type="checkbox"/> Admitting Diagnosis <input type="checkbox"/> Medical history including allergies <input type="checkbox"/> Diet <input type="checkbox"/> Activity <input type="checkbox"/> Isolation status <input type="checkbox"/> Social history <input type="checkbox"/> Changes in condition <input type="checkbox"/> Laboratory Results <input type="checkbox"/> Pending tests and results <input type="checkbox"/> Discharge Planning <input type="checkbox"/> Sensitive information such as HIV status			
2.	Inform the client about the handover. <i>Allow client to prepare for the handover including what contribution they may want to make.</i>			
3.	With client's permission, family members are allowed to stay at the client's bedside during handover. Other visitors should be asked to leave the room during handover.			
4.	Collect client's file, charts, etc necessary to refer during handover.			
5.	Go to the client's bedside for handover with the incoming nurse for the shift. <i>Bedside handover allows clients to participate with nurses in their care. It gives them confidence in your knowledge and ability to care for them. clients are an important source of</i>			

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	<p><i>information.</i></p> <p>However, if the client is uncomfortable with a bedside handover, then you can conduct handover at the nurses station for that client.</p>		
6.	<p>Greet the client, family members and introduce the oncoming nurse to the client and family.</p>		
7.	<p>Provide accurate and detailed information to the oncoming nurse on:</p> <ul style="list-style-type: none"> 1. Date and reason for admission 2. Relevant medical history including new referrals 3. Reconfirm allergies with client and family 4. Laboratory tests ordered/sent/reports received 5. Treatments and client response 6. Last time pain medication given (Assess client for pain during handover) 7. Nursing care plan and client response 8. Assess for lines, drains, dressings, wounds 9. Safety concerns 10. Discharge planning 11. Recommendations for future care <p>Use following acronyms to prompt information sharing during bedside handover:</p> <p>SBAR</p> <p>S: Situation – chief complaint, current status B: Background – previous history A: Assessment –result of assessment, vital signs and symptoms R: Recommendation – suggested and anticipated changes, critical monitoring</p> <p>ISOBAR</p> <p>I: Identify the client and staff S: Situation and status O: Observations, MET calls etc.</p>		

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	<p>B: Background A: Accountability R: Risk management</p>		
8.	<p>a. Provide accurate information on Chemotherapy (past, present , future):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name of the drug <input type="checkbox"/> What the drug was used to treat and why <input type="checkbox"/> When it was administered <input type="checkbox"/> How it was administered <ul style="list-style-type: none"> - Dose, rate, route <input type="checkbox"/> Any reactions that occurred <input type="checkbox"/> Reactions, side-effects or toxicities to watch for <p>b. Provide information on Radiotherapy:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Type of radiotherapy used <input type="checkbox"/> Why it was used <input type="checkbox"/> When it was provided <input type="checkbox"/> How it was provided <ul style="list-style-type: none"> Duration, area, Dose (high dose/low dose) <input type="checkbox"/> Reactions to watch for <input type="checkbox"/> Future considerations <p>c. If chemotherapy is being actively infused during handover, both nurses must:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check the rate <input type="checkbox"/> Ensure lines are correctly connected <input type="checkbox"/> Chemotherapy is correctly administered 		
9.	<p>Maintain client confidentiality.</p> <ul style="list-style-type: none"> ● Sensitive information can be shared away from the bedside ● Staff should lower their voices when sharing sensitive information ● Sensitive information may be recorded on the handover sheet <p><i>Sensitive information may include:</i></p> <ul style="list-style-type: none"> • <i>Blood tests of a diagnostic nature (eg. HIV positive);</i> • <i>Communicable disease information (eg. Hepatitis);</i> • <i>Psychiatric issues (eg. suicidal, ethanol abuse)</i> 		

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	<ul style="list-style-type: none"> • <i>Code status ("Not for resuscitation" orders, End of life considerations)</i> • <i>Some family issues (eg. conflicts, domestic violence);</i> • <i>Anything else clients identify they wish to be held in confidence.</i> 		
10.	<p>Provide client with opportunities to seek clarification, ask questions, and confirm information.</p> <p>Family members should be invited to participate in the handover with the client's consent.</p>		
11.	<p>Oncoming nurses must undertake safety scan:</p> <ol style="list-style-type: none"> client physical scan The client's call bell is in reach Suction, oxygen or other equipment are in working order and easily accessible Dressings, drains, intravenous fluids and infusion pumps are secure and correct The general tidiness of the area is conducive to safe mobility and ease of access Any other checks that may be specific for that client (eg. use of bed rails, height of the bed etc) 		
12.	<p>Before leaving the client bedside oncoming nurse should:</p> <p><input type="checkbox"/> Ask questions if further clarification is needed</p> <p><input type="checkbox"/> Inform the client when the nurse will return to see the client.</p>		
13.	<p>Same process is repeated by the oncoming nurse during the handover session with the next shift nurse.</p>		

Reference:

Chaboyer, W., McMurray, A., Wallis, M. & Chang, H.Y. (2008.) Standard Operating Protocol for Implementing Bedside Handover in Nursing, Griffith University, Australia. Accessed from: https://www.safetyandquality.gov.au/sites/default/files/2019-06/bedside-handover_sop.pdf