



Queensland  
Trauma Education

**TRAUMA TEAMS**

# Clinical handover

## Role play

Facilitator resource kit

**CSDS**



Clinical Skills Development Service



## Queensland Trauma Education

The resources developed for Queensland Trauma Education are designed for use in any Queensland Health facility that cares for patients who have been injured as a result of trauma. Each resource can be modified by the facilitator and scaled to the learners needs as well as the environment in which the education is being delivered, from tertiary to rural and remote facilities.

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### Queensland Trauma Education

**Trauma teams – Clinical handover: Role play – Facilitator resource kit**

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## About this training resource kit

This resource kit provides healthcare clinicians with the knowledge on how to effectively perform clinical handover in the setting of chest trauma.

### National Safety and Quality Health Service (NSQHS) Standards



### Target audience

Emergency department medical and nursing clinicians

### Duration

30 minutes

### Group size

Suited to small group participation

### Learning objectives

By the end of this session the participant will be able to:

- Demonstrate the effective clinical handover of a patient suffering chest trauma utilising cognitive aids and handover tools.
- Model an effective clinical handover by demonstrating succinct, clear and structured delivery of clinical information.

### Facilitation guide

1. Facilitator to utilise facilitator guide to introduce clinical handover and facilitate discussion around challenges faced and the rationale for utilising handover tools.
2. Facilitator to divide participants into two groups.
3. Allocate one participant in each group as the clinician performing handover and others as a recipient of handover.
4. Issue each clinician performing handover a different case and allow participant to review patient information and clinical details.
5. Group one to perform handover without referencing any patient information and group two is to perform handover utilising handover tools/cognitive aids.
6. Review and discuss the accuracy of each handover and benefits of utilising handover tools.

### Supporting resources (in Printable resources)

- ISBAR handover tool
- ATMIST handover tool

# Role play

## Case study 1

26yo female. Driver of car involved in high speed collision vs pole. Entrapped for 30 minutes, extricated by QLD Fire and Emergency Service. On initial ambulance arrival she was unconscious, GCS 4 E1V1M2. R pupil 3mm, L pupil 2mm. Seen to move all limbs to pain. Cool peripherally, pale. No respiratory distress. Temp 34.5deg. HR 120, BP 100/80mmHg. Sats 90% RA, O2 applied via NRM, sats now 98%. Seatbelt abrasion to R chest and abdomen. She has had 250mL Sodium Chloride 0.9% IV via an 18g cannula in her L forearm, 50microg fentanyl IV and 8mg IV ondansetron as seemed to be grimacing in pain. Her R chest wall has bruising and subcutaneous emphysema on palpation. She has a cervical collar and pelvic binder for mechanism. Unknown PMHx, medications or allergies.

## Case study 2

45yr old male. Driver motor bike crash vs tree. His PMHx, medications and allergies are unknown. He was thrown 5 meters into scrub. Passer-by witnessed the event; the patient had been swerving between traffic prior to the crash. On the police arrival he was unconscious and breathing. On the ambulance arrival he was in arrest. His heart rate was 145, with no cardiac output. He was GCS 3, pupils were 4mm and sluggish. He had no respiratory effort and was cyanotic. He had bilateral needle decompression of his chest with a hiss of air from the Right side.

At this stage he had improvement with his vital signs, his HR was then 100, palpable radial pulse and sats 90% 15L NRB. He was intubated with 50mg IV ketamine, 50microg IV fentanyl and 100mg IV rocuronium at 07.24hrs, which is 45 minutes ago. He then underwent bilateral thoracostomies with a second release of air on decompression of his Right chest. He has a cervical collar and binder in situ.

Other treatments he has received are a further 2mg IV midazolam, 50microg IV fentanyl and 1L Sodium Chloride 0.9% IV. His HR is now 110 and BP 90/60mmHg, sats 97% via ETT FiO2 1.0. He had a grade 2 view and the size 9 ETT is 24cm at teeth. The crash occurred near his home and the police have contacted his family.

### Case study 3

98yr old female. Found by nursing home staff at the bottom of a flight of 10 stairs. She has a large laceration to the top of her head with ongoing bleeding despite the bandage applied. She is GCS 14, confused to place which is normal for her. She has been moving all limbs to command. She has a large skin tear to her Left forearm which has been dressed. Her HR is 80 and she is in AF. Her breathing is shallow with no evidence of abdominal or pelvic injury. Her BP is 160/80mmHg which is normal for her. She is on ramipril 5mg mane, atenolol 10mg nocte and warfarin 5mg nocte.

She is allergic to penicillin with a rash resulting. She has received 5mg IV morphine, the wound management as stated and a cervical collar as precaution. Her resp rate is 18 and sats 92% RA. Her daughter is aware she has been transported to hospital. She has a history of emphysema but not on home oxygen.

### Case study 4

36yr old female. Riding her horse when it took a jump and she fell off. She landed heavily on her Right hand side. She was winded but able to call the ambulance for help. On arrival she was speaking in words only, has significant Right chest pain and tenderness, crepitus and subcutaneous emphysema to palpation. Her sats were 96% on RA and oxygen was applied via Hudson mask at 6L. Her abdomen is soft, no bruising or wounds. She is tender in the back of her neck so a collar has been applied. 15mg IV morphine, 8mg IV ondansetron and 250mL Sodium Chloride 0.9% IV have been given prior to arrival at the hospital. Her HR is 80, she is peripherally warm and well perfused. Her BP is 130/70mmHg. She takes sertraline 100mg daily for depression but has no allergies. Her GCS has been 15 with no history of LOC and she was wearing a helmet.

## Question and answer guide

### 1. When does clinical handover occur in the emergency department?

Timing of handover is dependent on patients clinical status. Ideally occurs before patient is moved to hospital bed. However, if patient is unstable, patient should be moved to hospital trolley immediately and hospital team to commence immediate primary survey to identify and treat potential life threats.

### 2. Who performs clinical handover?

- Pre-hospital clinicians including QAS officers or retrieval medical officers.
- Hospital medical and nursing clinicians
- Hospital allied health
- Any staff member needing to communicate important clinical information at any point in the patient journey

### 3. What handover tools are available?

Many handover tools available but not all are tailored for trauma patient handover. Use tool that is appropriate for patient presentation.

### 4. What features are useful in handover tools?

- Key information
- Structure
- Prompts
- Standardised
- Provides cognitive aid when cognitive load is a burden

### 5. What is the main information required for the clinician taking over care of the trauma patient?

- Patient identification
- Times
- Mechanism of Injury
- Injuries
- Signs – observations
- Treatment
- Other Red flags/concerns

**6. How is the clinical information organised?**

- Structured
- Standardised
- Clear and succinct

**7. What strategies have been successful with:****a. A noisy trauma room?**

Ensure clear role allocation and communicate patient priorities by ensuring quiet at times when the team needs to hear important information like clinical handover

**b. An unstable patient?**

Use clear, closed loop communication and follow a structured approach to clinical handover.

**c. Unknown team members?**

Use alternate strategies like calling team members by their roles e.g., airway doctor, ensuring eye contact, clear, closed loop communication.

**8. What can disrupt a clinical handover? How is this mitigated?**

Noise, chatter, performing tasks. Ensure all team members are hands off and listening to clinical handover.

# Debriefing guide

## Role play objectives

Demonstrate the effective clinical handover of a patient suffering chest trauma utilising cognitive aids and handover tools.

## Example questions

### Exploring diagnosis

- What are the benefits to using a handover tool?
- Which tool was the easiest to use?
- Which tool gave you the most information?
- In what format could each tool be used?
- Where else in the patient journey does handover occur?
- Does communication via phone differ from in person?

### Discussing management

- Where do you document the clinical handover information?
- Does this form part of the patient clinical documentation?
- When do you relay information to the team?

## References

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