

# What is the PAUSE?

The pause is exactly what it says; it's **TIME** to ensure that the right people are in attendance during the patient's admission handover

It's a '**HANDS OFF**' approach to handover – this gives the person doing handover your full attention, so we don't miss any important information

It's an **AID MEMOIRE** for handover, so we don't forget the important stuff in times of stress or speed

It's a prompt for **PATIENT TARGETS** – so we all know what to aim for

A pause reduces the number of handovers, gives a structured approach and improves patient safety

## How to PAUSE...

1. NIC to promptly inform the ACCP/Junior medical staff of an expected admission
2. All patients should have a pause\*
3. On arrival of the patient, the nursing team are to gather the receiving team at the patient's bedside. Those who need to be present for an effective handover are the **bedside nurse**, the **NIC of the base**, the **ACCP or junior Dr** responsible for clerking and the **consultant\*/registrar\***
4. **Hands off** the patient until the handover is complete
5. Utilise the **aid memoire** to ensure a structured approach
6. Record the patient's individual targets onto the bedside board

(\*elective 116 admissions do not require the full team)

(\*if available)



# PATIENT PAUSE

**HANDS OFF**

<b>SITUATION BACKGROUND</b>	Name/Age				
	PC/Diagnosis/Operation				
	Co-Morbidities				
	Functional status				
			Allergies		
			Infective issues		
<b>ASSESSMENT</b>	C-Spine concerns				
	Anaesthetic /Airway difficulties				
	Operative or resus issues				
	Organ support				
	Lines/drains/EBL				
<b>RECCOMENDATIONS</b>	CXR/Imaging/investigations/surgery				
	Bloods/G&S/Anti-microbial screening				
	Lines/Drains				
	Fluids/Feeding				
	Medications/ABX/VTE				
	Sedation/Pain control				
	Escalation/DNACPR				
	Family				
<b>TARGETS</b>					
VT		PO2/SaO2		PCO2	
MAP/SBP		Fluid Bal			
ICP/ CPP		EVD		Sedation hold/SBT	

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