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. Utilse 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

SITUATION / BACKGROUND	
	Name/Age
	PC/Diagnosis/Operation
	Co-Morbidities
	Functional status
	Allergies
	Infective issues

ASSESSMENT	
	C-Spine concerns
	Anaesthetic /Airway difficulties
	Operative or resus issues
	Organ support
	Lines/drains/EBL

RECCOMENDATIONS	
	CXR/Imaging/investigations/surgery
	Bloods/G&S/Anti-microbial screening
	Lines/Drains
	Fluids/Feeding
	Medications/ABX/VTE
	Sedation/Pain control
	Escalation/DNACPR
	Family

TARGETS

VT	PO2/SaO2	PCO2
MAP/SBP	Fluid Bal	
ICP/CPP	EVD	Sedation hold/SBT