Nursing Practice within the Surgical Area

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4.1 Handover on the Ward

4.1.1 Handover on a Urology Ward

The handover is given either by the nurse in charge, the nurse caring for that patient on that particular shift or the primary nurse to the nurse who will take over the patient’s care. It can be carried out at the patient’s bedside, in the office or as a taped message.

Example of a Handover from the Morning to Afternoon Shift

Gloucester ward is a specialised ward for patients with urological diseases. In British hospitals, wards are often named after common surnames, unlike in Germany, where you find the specialty within the name of the ward. There are 36 beds in Gloucester ward. The ward has two parts, each with 18 beds, which are named the »red side« and the »blue side«. Each side has its own team of nursing staff. The sister in charge of the shift will assign the nurses and nursing auxiliaries to each team. The nurse in charge of each team is often an E- or F-Grade qualified nurse. The sister in charge has an F- or G-Grade qualification.

At the handover, the nurse in charge meets the new shift in the office-room in the ward and passes on all relevant information on the patients. After the handover within the office room, the nurses go together through the rooms. The primary nurse or sister in charge introduces the afternoon shift to each patient in turn. This is called »bedside handover«. It is becoming more and more common to use electronic handovers, especially when the shift patterns have no overlap time.

Hello colleagues, nice to see you.

We received three new patients this morning and we are awaiting two more. So you should have a straightforward shift.

Mr Michael Acton is in room 1 in the first bed. He is a 60-year-old man who is here because of internal bleeding from his bladder. He had a cystoscopy this morning. At the moment, we are still awaiting the results. He is still in pain while passing water. Please observe all excretions. He is supposed to drink another 2 l this afternoon. He is diabetic, but does not require insulin.

Mr Jacob Baker is in bed 2. He is 55 years old and will have a TURP this afternoon. The surgeon, Mr. Bailey, discussed the procedure with him this morning. The anaesthetist is with him just now. Mr Baker had his last meal this morning at 9:00 a.m. He needs his pre-medication at 3:00 p.m. and will be taken to theatre at 3:30 p.m. His notes are on the desk. Mr Baker is also diabetic but does require insulin. His blood sugar was quite low this morning. I informed Mr. Bailey of this. His blood sugar should be checked again, when he comes back from theatre.

Mr Cliff Colburn is in bed 3. He is 78 years old. He has cystitis and is to be checked for possible bladder cancer. He had a cystoscopy this morning with tissue explantation. He is receiving I.V. antibiotics three times a day. The dose for 2:00 p.m. is now running. The next will be