

	CORPORATE CLINICAL POLICY AND PROCEDURE	Page 1 of 10
TRANSFER OF ACCOUNTABILITY (TOA)		
Signing Authority:	Chief Nursing Executive	
Approval Date:	28-12-2018	Effective Date: 28-12-2018

SCOPE:

This policy applies to all interprofessional staff that participate in transfer of accountability (TOA) at the beginning and end of their shift, during a change of patient assignment or when transitioning a patient to another department at the Royal Victoria Regional Health Centre (RVH) and/or to a community health partner(s).

POLICY STATEMENT:

The purpose of transfer of accountability (TOA) is to ensure the safety of patients during all transitions in care by collaborating and communicating accurate, comprehensive, and relevant information related to the current and evolving care needs of the patient using standardized tools such as Bedside Shift Report (BSR) and SBARD. Evidence supports that this patient-centred approach to care enhances patient/Substitute Decision Maker (SDM) participation at the bedside, communication and the sharing of information. Therefore, helps to decrease patient anxiety, increases patient knowledge and encourages patients to participate in the decision-making processes supportive to their care. TOA occurs when responsibility for patient care is handed over from one health care provider to another health care provider, either within or across settings, or within a professional group. As *Safety is our Promise* it is the policy of RVH that a TOA shall be provided/received and documented at every transition in care as outlined below.

Transfer of accountability shall occur at the following points of transfer:

1. Admission(s) (to hospital and between units);
2. Handover;
3. Transfer(s) (from one unit to another, from one team to another team, and before and after unit procedures)
4. Discharge (home to another institution, or home with community supports or home);
5. Operating Room (OR) and Endoscopy shall utilize the *OR/Endo Preoperative Checklist* in place of utilizing the SBARD form when transferring the patient to OR/Endo; and
6. Coronary Intervention Unit (CIU) shall utilize the *Angiogram/Percutaneous Intervention (PCI) Pre-Procedure Checklist* in place of utilizing the SBARD form when transferring the patient to the CIU.

DEFINITIONS:

Transfer of Accountability (TOA)

Transfer of Accountability (TOA): An interactive process of transferring patient specific information from one caregiver to another or from one team of caregivers to another for the purpose of ensuring the continuity of care and the safety of the patient (CNO, 2008).

Transfer of Information (TOI): Transfer of information is the act of passing along relevant details regarding a patient/resident from one health care provider to another, including but not limited to the patients current clinical condition, care needs, family needs and any anticipated concerns.

Bedside Shift Report (BSR): Face to face TOA that takes place at the patient's bedside and supports the patient/SDM participation, including but not limited to: introduction of the oncoming nurse, safety checks, verbal report and updating the whiteboard. This is one tool used in TOA.

SBARD: The **S**ituation-**B**ackground-**A**ssessment-**R**ecommendation-**D**ocumentation SBARD best practice communication methodology used at RVH when communicating patient findings within the interprofessional team and particularly during bedside shift reporting. This is one tool used in TOA.

Internal Patient Transfers: Transfers occurring between all in-patient and outpatient units including specialty areas.

PROCEDURE:

Bedside Shift Report (BSR):

1. All patients and/or SDM shall consent to their participation in BSR upon admission and their wishes shall be documented on the whiteboard in the patient's room and in the patient's health record, and on the care plan.
2. If the patient and/or SDM do not wish to be involved in their BSR this shall be documented on the whiteboard in the patient's room, in the patient's health record, and on the care plan. In the event that the patient and/or SDM refuses to participate in bedside shift report, all safety checks shall occur.
3. If family or visitors are present in the room at the time of TOA, care provider(s) shall ask if the patient and/or SDM is agreeable to family/visitors being present during the BSR.
4. BSR shall occur verbally between the oncoming and the off-going interprofessional care providers. BSR shall occur at the bedside in collaboration with the patient and/or SDM after verbal consent is received and shall be documented in the patient's health record.
5. The interprofessional care providers shall ensure the patient and/or SDM is already aware of any health information that will be provided during the TOA.

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6. The whiteboard in the patient room shall be updated during the BSR to ensure that all pertinent information is present (i.e., preferred name, date, goals, pain, estimated discharge date, Most Responsible Provider's (MRP) name, nurse's name and any additional members of the interprofessional team).
7. The interprofessional care providers shall review the plan of care with the patient and/or SDM during all TOAs when the patient and/or SDM is available to do so.
8. Safety checks (*Checklist for Transfer of Accountability at the Bedside- Appendix I*) shall be completed by the oncoming and off-going interprofessional care providers. The oncoming interprofessional care provider shall document that safety checks were completed. All safety checks shall occur as follows:
 - a. visual inspection of patient;
 - b. correct patient armband on, allergies/alerts reviewed;
 - c. correct intravenous solution infusing and MedNet™ library used via smart pump;
 - d. environmental check completed;
 - e. oxygen and suction equipment working with correct equipment in place;
 - f. catheters and drains insitu and draining appropriately;
 - g. inspect and assess dressings;
 - h. ensure bed is plugged into wall and appropriate number of bed rails in use;
 - i. call bell and bedside table within reach of the patient; and
 - j. new medication orders reviewed.
9. The off-going interprofessional care provider shall:
 - a. introduce the oncoming health care provider;
 - b. confirm patient identity with oncoming interprofessional care provider by checking armband and two patient identifiers. Refer to RVH Policy *Patient Identification*;
 - c. receive verbal consent from patient and/or SDM to perform TOA at the bedside;
 - d. give a brief update on pertinent past medical history, presenting problems, allergies, any immediate concerns (e.g. falls, aggression and cultural concerns and language barriers) and discharge planning;
 - e. perform safety checks (*Checklist for Transfer of Accountability at the Bedside - Appendix I*);
 - f. inform the oncoming care provider of pain management regime, physician updates, assessment and vital sign concerns, when next medication is due, critical lab values, diagnostic tests due, new medication orders and any outstanding items requiring follow up;
 - g. inform oncoming care provider of any new orders and plan of care for the shift. Provide opportunities for patient/family involvement;
 - h. thank the patient and/or SDM and inform them that your shift is complete and you are leaving; and

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- i. document TOA using The *Transfer of Accountability (SBARD)* form (Appendix II). Once completed this shall be placed behind the facesheet and become a part of the patient's permanent health record.
10. The oncoming interprofessional care provider shall:
- a. greet patient using AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You);
 - b. update the patient whiteboard with any pertinent information including your name and current date;
 - c. ask off-going care provider questions and clarify any information necessary to provide care for the shift;
 - d. discuss and review any likely events that will occur over the shift and indicate pertinent details on the whiteboard in the patient's room;
 - e. prior to leaving the room, ask the patient and/or SDM if their pain is managed, if they have any concerns or anything to add that will assist in planning their care for the shift;
 - f. confirm that patient is safe at time of TOA; and
 - g. document BSR has occurred by co-signing TOA using The *Transfer of Accountability (SBARD)* form (Appendix II).
11. Requirements for the Emergency Department (ED) and Birthing Unit (BU) shall include 9 and 10 as above with the exception of the documentation requirements. Documentation of BSR for the ED and BU shall include a summary of content discussed, interprofessional care provider who gave/received BSR and documented in the health record.

SBARD Process:

- 1. Review the patient's medical record in preparation for the TOA.
- 2. The *Transfer of Accountability (SBARD)* form (Appendix II) shall be used as a communication checklist to guide a discussion during transfer of care from one interprofessional care provider to another interprofessional care provider and/or upon unit to unit transfer of care.
Note: Obstetrical Unit shall use *Transfer of Accountability Documentation Obstetrics* (Appendix IV).
- 3. The *Transfer of Accountability (SBARD)-Patient Temporary Off Unit* form (Appendix III) shall be used as a communication checklist to guide a discussion during transfer of care from one interprofessional care provider to another interprofessional care provider upon short term departmental transfers.
For Imaging Services: A preparatory phone call shall be made by Imaging Services' staff for procedures, and imaging staff shall either collect the SBARD at that time or provide the sending interprofessional care provider with the number to call to provide the SBARD prior to patient transfer to Imaging Services. A copy of the completed SBARD tool shall be placed in the chart.
- 4. The interprofessional care provider receiving the information shall acknowledge each item with a response that indicates that the information has been transferred

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correctly and completely. The interprofessional care provider delivering the information shall check each item on the *Transfer of Accountability (SBARD)* or *Transfer of Accountability (SBARD)-Patient Temporary Off Unit* form as it is discussed.

5. The form shall be completely reviewed prior to transfer indicating that each item has been discussed.
6. Communication shall be structured using the SBARD format clearly outlined in the *Transfer of Accountability (SBARD)* or *Transfer of Accountability (SBARD)-Patient Temporary Off Unit* form.
7. After the initial communication is completed as structured in the checklist, the opportunity for asking and responding to questions is essential.
8. Communication at time of transfer shall take place via face to face dialogue and in the presence of the patient when possible. Opportunity for patients to ask questions shall be provided when possible.
9. The SBARD form shall not be faxed to the receiving unit or department. Upon completion of receiving report, both care providers shall sign the form in the designated spot.
10. Once the form is completed it shall be inserted into the patients chart behind the face sheet. The TOA form will become a permanent part of the patient's health record.

Transfers to the Operating Room (OR)

1. Report shall be called to the OR Resource Nurse/Charge Nurse.
2. The *OR/Endo Preoperative Checklist* shall be fully completed and utilized in place of the SBARD form when transferring the patient to the OR.

Transfers to Endoscopy

1. The Endoscopy Resource Nurse/Endoscopy Nurse in Procedure Room shall call the sending unit for report on the patient.
2. The *OR/Endo Preoperative Checklist* shall be fully completed and utilized in place of the SBARD form when transferring the patient to Endoscopy.

Transfers to/from Coronary Intervention Unit (CIU)

1. The primary nurse from the sending unit shall fully complete the *Angiogram/Percutaneous Intervention (PCI) Pre-Procedure Checklist* and utilize in place of the SBARD form when transferring the patient to the CIU
2. The primary nurse in the CIU upon transferring the patient back to home unit shall complete the SBARD process as per above using The *Transfer of Accountability (SBARD)-Patient Temporary Off Unit* form (Appendix III).

CROSS REFERENCES:

Transfer of Accountability (TOA)

Royal Victoria Regional Health Centre (2018). Corporate Clinical Policy and Procedure:
Patient Identification

Royal Victoria Regional Health Centre (2017). Corporate Clinical Policy and Procedure:
*Physiotherapists, Occupational Therapists and Speech-Language Pathologists
Supervising and Communicating with Support Personnel*

REFERENCES:

Accreditation Canada. (2018). *Required Organizational Practices handbook*.

College of Nurses of Ontario. (2002). Practice Standard: *Professional Standards,
Revised 2002*.

College of Physicians and Surgeons of Ontario (2012). Interprofessional study of transfer
of care: *A successful handover of care*. Retrieved 11/05/18 from www.cpsso.on.ca

Registered Nurses' Association of Ontario (March 2014). Clinical Best Practice
Guidelines: *Care Transitions*. Retrieved from [https://rnao.ca/sites/rnao-
ca/files/Care_Transitions_BPG.pdf](https://rnao.ca/sites/rnao-ca/files/Care_Transitions_BPG.pdf)

Appendix I- Checklist for Transfer of Accountability at the Bedside

- Visually inspect patient
- Confirm the patient armband is on, allergies and/or alerts (i.e falls risk) reviewed
- Intravenous (IV)/Central Venous Access Device (CVAD) infusions/site/utilization of MedNet™ Library on infusion pump and pumps alarms audible
- Risk concerns identified (i.e. falls, restraints, de-clutter room)
- Oxygen and suction set-up
- Bed properly plugged into wall and call bell in working order and within reach of patient
- Bedside table within reach of patient
- Review any new orders
- Dressings/drains/catheter
- Equipment (i.e infusion pumps (Hospira, CADD®, etc.), VAC, bed alarms, etc.)

Appendix II- Transfer of Accountability Tool (SBARD)

 Transfer of Accountability Tool (SBARD)		PATIENT NAME: _____ DOB: _____ HRN: _____ (addressograph)																		
S	Primary/secondary Diagnosis: MRP: _____ Date of admission: _____ Home and Community Care Involved: _____ Resuscitation Level : ☐ Invasive(CPR) ☐ Yes ☐ No ☐ Minimally Invasive ☐ Supportive ☐ Comfort Measures Isolation: ☐ Airborne ☐ Droplet ☐ Contact ☐ Droplet/Contact ARO swabs completed: ☐ Yes ☐ No Allergies _____ Allergy band: ☐ Yes ☐ No Falls Risk: ☐ Yes ☐ No Precautions placed: ☐ Yes Review of Hospital Course: History of violence/elopement/suicide risk: ☐ Yes ☐ No Precautions placed ☐ Yes ☐ No	Notes:																		
	Relevant Past Medical/ Surgical History: IVCVAD/Other: Mobility: Assist x _____ Weight Bearing status: _____ Aids: _____	Notes:																		
A	* Review and complete each assessment section. If not applicable, stroke a diagonal line through the section to indicate it has not been reviewed.*																			
	Time of last vital sign: _____	Temp/Pulse/Resp Rate: _____																		
	Blood Pressure: _____	O2saturation: _____																		
	Respiratory(chest assess, O2,sputum): _____	Cardiovascular(rhythm, edema, heart sounds, pulses): _____	Neurovascular (Glasgow coma scale, level of consciousness, pupils, CAM): _____																	
Gastrointestinal(bowel sounds, diet, enteral/parenteral feed, blood glucose): _____	Renal/Urinary (Dialysis, catheter, incontinence): _____	Skin/Wounds (Braden, drains, wounds, ulcers): _____																		
Pain(level, location, quality, radiating) _____	Musculoskeletal: _____	Psychosocial/Family/Mental Health: (Form 1, Form 3, voluntary): _____																		
R	Outstanding concerns *Review of physician orders and medications must be completed.* Complete ☐ Yes ☐ No Goals of care: _____ Medications: _____ Imaging/Tests/Procedures: _____ Consults: _____ Barriers to care/discharge: _____ Referrals: _____																			
	Safety Checklist: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>1st staff</th> <th>2nd staff</th> </tr> <tr> <td>ID confirm</td> <td></td> <td></td> </tr> <tr> <td>Armband</td> <td></td> <td></td> </tr> <tr> <td>IV/Line/Pump</td> <td></td> <td></td> </tr> <tr> <td>Allergies/Alert</td> <td></td> <td></td> </tr> <tr> <td>Precautions</td> <td></td> <td></td> </tr> </table> Patient appropriate for Logistic transfer: ☐ Yes ☐ No		1 st staff	2 nd staff	ID confirm			Armband			IV/Line/Pump			Allergies/Alert			Precautions			Sent with patient: Meds from pharmacy/med cart ☐ Meds from fridge ☐ Patient's own medications Sent home ☐ Sent with patient ☐ Dentures ☐ Glasses ☐ Hearing Aid ☐ Belongings ☐ Family/ Facility notified of transfer ☐ Other: _____
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Armband																				
IV/Line/Pump																				
Allergies/Alert																				
Precautions																				

Do NOT Fax this form. Transfer of accountability should take place via person to person interaction

Appendix III- Transfer of Accountability Tool (SBARD) Intrahospital Patient Temporary Off Unit

 Royal Victoria Regional Health Centre	PATIENT NAME: _____ DOB: _____ HRN: _____ <div style="text-align: right; font-size: small;">(addressograph)</div>																																												
Transfer of Accountability Tool (SBARD) Intrahospital Patient Temporary Off Unit																																													
S	Primary/secondary Diagnosis: _____ MRP: _____ Resuscitation Level : □ Invasive with (CPR) □ Yes □ No □ Minimally Invasive □ Supportive □ Comfort Measures Isolation: □ Airborne □ Droplet □ Contact □ Droplet/Contact Reason: _____ Allergies □ Yes □ No _____ Falls Risk: □ Yes □ No Precautions placed: _____ □ Multiple allergies see patient record History of violence/elopement/suicide risk □ Yes □ No Precautions placed: _____ Is patient able to provide health history and give consent? □ Yes □ No Is patient stable for transfer by logistics/volunteer □ Yes □ No Brief reason for temporary transfer: _____																																												
B	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">Sending Unit</th> <th style="width:50%; text-align: center;">Returning Unit □ Emergency Department □ Imaging Services □ Hemodialysis □ Cancer Centre</th> </tr> <tr> <td style="padding: 2px;"> Relevant History: _____ IV access: □ Yes □ No Gauge and Site: _____ Solution/Rate: _____ </td> <td style="padding: 2px;"> Describe pertinent information regarding temporary transfer (e.g. information about procedure/intervention, medications given, patient tolerance of procedure/intervention or location of information on chart, vital signs (if applicable) and any other information that needs to be shared. </td> </tr> </table>	Sending Unit	Returning Unit □ Emergency Department □ Imaging Services □ Hemodialysis □ Cancer Centre	Relevant History: _____ IV access: □ Yes □ No Gauge and Site: _____ Solution/Rate: _____	Describe pertinent information regarding temporary transfer (e.g. information about procedure/intervention, medications given, patient tolerance of procedure/intervention or location of information on chart, vital signs (if applicable) and any other information that needs to be shared.																																								
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A	Time of last vital sign: Temp/Pulse/Resp Rate: / / Blood Pressure: O2 Saturation: NPO since: Prep given: Medication given/held: Drains/Tubes/Dressings: Mobility: Pertinent labs:																																												
R	Priorities/Outstanding Items in the next 60 minutes: 																																												
D	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;">Sent with patient:</th> <th style="width:50%; text-align: center;">Returned with patient:</th> </tr> <tr> <td style="padding: 2px;"> □ Medications □ MAR □ Glasses □ Dentures □ Hearing Aids □ Other: </td> <td style="padding: 2px;"> □ Medications □ MAR □ Glasses □ Dentures □ Hearing Aids □ Other: </td> </tr> <tr> <td style="padding: 2px;"> Safety Checklist: <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th></th> <th>1st staff</th> <th>2nd staff</th> </tr> </thead> <tbody> <tr><td>ID confirm</td><td></td><td></td></tr> <tr><td>Armband</td><td></td><td></td></tr> <tr><td>IV/Linec/Pump</td><td></td><td></td></tr> <tr><td>Allergies/Alert</td><td></td><td></td></tr> <tr><td>Precautions</td><td></td><td></td></tr> </tbody> </table> Sending Name: Signature: Date/Time: </td> <td style="padding: 2px;"> Safety Checklist: <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th></th> <th>1st staff</th> <th>2nd staff</th> </tr> </thead> <tbody> <tr><td>ID confirm</td><td></td><td></td></tr> <tr><td>Armband</td><td></td><td></td></tr> <tr><td>IV/Linec/Pump</td><td></td><td></td></tr> <tr><td>Allergies/Alert</td><td></td><td></td></tr> <tr><td>Precautions</td><td></td><td></td></tr> </tbody> </table> Sending Name: Signature: Date/Time: </td> </tr> <tr> <td style="padding: 2px;"> Receiving Name: Signature: Date/Time: </td> <td style="padding: 2px;"> Receiving Name: Signature: Date/Time: </td> </tr> </table>	Sent with patient:	Returned with patient:	□ Medications □ MAR □ Glasses □ Dentures □ Hearing Aids □ Other:	□ Medications □ MAR □ Glasses □ Dentures □ Hearing Aids □ Other:	Safety Checklist: <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th></th> <th>1st staff</th> <th>2nd staff</th> </tr> </thead> <tbody> <tr><td>ID confirm</td><td></td><td></td></tr> <tr><td>Armband</td><td></td><td></td></tr> <tr><td>IV/Linec/Pump</td><td></td><td></td></tr> <tr><td>Allergies/Alert</td><td></td><td></td></tr> <tr><td>Precautions</td><td></td><td></td></tr> </tbody> </table> Sending Name: Signature: Date/Time:		1 st staff	2 nd staff	ID confirm			Armband			IV/Linec/Pump			Allergies/Alert			Precautions			Safety Checklist: <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th></th> <th>1st staff</th> <th>2nd staff</th> </tr> </thead> <tbody> <tr><td>ID confirm</td><td></td><td></td></tr> <tr><td>Armband</td><td></td><td></td></tr> <tr><td>IV/Linec/Pump</td><td></td><td></td></tr> <tr><td>Allergies/Alert</td><td></td><td></td></tr> <tr><td>Precautions</td><td></td><td></td></tr> </tbody> </table> Sending Name: Signature: Date/Time:		1 st staff	2 nd staff	ID confirm			Armband			IV/Linec/Pump			Allergies/Alert			Precautions			Receiving Name: Signature: Date/Time:	Receiving Name: Signature: Date/Time:
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Appendix IV- Transfer of Accountability Documentation Obstetrics

 TRANSFER OF ACCOUNTABILITY DOCUMENTATION Obstetrical	Maternal PATIENT NAME: DOB: HRN: (Affix Label Here)	Neonate PATIENT NAME: DOB: HRN: (Affix Label Here)
<p align="center">S</p> SITUATION:	Maternal GTPALS <input type="checkbox"/> MRP <input type="checkbox"/> Family Physician <input type="checkbox"/> Allergies <input type="checkbox"/> Antepartum <input type="checkbox"/> Membrane Status <input type="checkbox"/> Bleeding <input type="checkbox"/> GBS <input type="checkbox"/> Postpartum <input type="checkbox"/> Caesarean Section <input type="checkbox"/> IV Location <input type="checkbox"/> Solution <input type="checkbox"/> Rate <input type="checkbox"/> PCA <input type="checkbox"/> Epidural/Spinal Morphine <input type="checkbox"/> Significant history <input type="checkbox"/>	Neonate MRP <input type="checkbox"/> Family Physician <input type="checkbox"/> Sex <input type="checkbox"/> Gestational Age <input type="checkbox"/> Obstetrics <input type="checkbox"/> Neonatal Intensive Care Unit <input type="checkbox"/> Physician Notified <input type="checkbox"/> Maternal Risk Factors <input type="checkbox"/> Delivery Issues <input type="checkbox"/>
<p align="center">B</p> BACKGROUND:	Delivery Date <input type="checkbox"/> Delivery Time <input type="checkbox"/> GBS status <input type="checkbox"/> Blood Type <input type="checkbox"/> Kleihauer <input type="checkbox"/>	APGARS <input type="checkbox"/> Resuscitation <input type="checkbox"/> Birth Weight <input type="checkbox"/> Feeding <input type="checkbox"/> Last breastfed <input type="checkbox"/> GBS status <input type="checkbox"/> Skin to Skin <input type="checkbox"/>
<p align="center">A</p> ASSESSMENT:	Most Recent Vital Signs <input type="checkbox"/> Fundus location and tone <input type="checkbox"/> Abdominal Dressing <input type="checkbox"/> Vaginal Flow <input type="checkbox"/> Perineum <input type="checkbox"/> Pain Score <input type="checkbox"/> Last Medications <input type="checkbox"/> Void <input type="checkbox"/>	Most Recent Vital Signs <input type="checkbox"/> Vitamin K <input type="checkbox"/> Eye Prophylaxis <input type="checkbox"/> Void <input type="checkbox"/> Meconium <input type="checkbox"/> Newborn Assessment Complete <input type="checkbox"/> Significant Findings <input type="checkbox"/>
<p align="center">R</p> RECOMMENDATIONS:	Diagnostic Tests <input type="checkbox"/> Care Plan Initiated <input type="checkbox"/> Referrals Required <input type="checkbox"/>	Diagnostic Tests <input type="checkbox"/> Glucose <input type="checkbox"/> POC <input type="checkbox"/> CBC <input type="checkbox"/> Care Plan Initiated <input type="checkbox"/> Referrals Required <input type="checkbox"/>
<p align="center">D</p> DOCUMENT:	Physician's Orders Checked: <input type="checkbox"/> Handover at Pt. Bedside <input type="checkbox"/> Pt. Identified as per Policy: <input type="checkbox"/> IV Infusions & Pumps Checked: <input type="checkbox"/> BORN Data Entry <input type="checkbox"/> ***HBHC – all demographics filled out <input type="checkbox"/> ***HBHC – screen printed <input type="checkbox"/> ***HBHC – consent obtained and form signed <input type="checkbox"/> ***HBHC – BU has completed 1 st 19 questions and ensured all questions answered <input type="checkbox"/> Sending Unit Health Care Provider Giving Report (Print): _____ Signature: _____ Receiving Unit Health Care Provider Receiving Report (Print): _____ Signature: _____ Date: _____ Time: _____	Physician's Orders Checked: <input type="checkbox"/> Handover at Pt. Bedside <input type="checkbox"/> Pt. Identified as per Policy: <input type="checkbox"/> Health Card <input type="checkbox"/> BORN Data Entry <input type="checkbox"/> RSV screening <input type="checkbox"/> Sending Unit Health Care Provider Giving Report (Print): _____ Signature: _____ Receiving Unit Health Care Provider Receiving Report (Print): _____ Signature: _____ Date: _____ Time: _____