



Emergency Medicine Society of South Africa

**PRACTICE GUIDELINE
EM007**

PATIENT HANDOVER AT EMERGENCY CENTRES

This Practice Guideline sets out a method for patient handover at Emergency Centres. This method helps to ensure that no information is omitted from the handover.

Excluding the cover page, this Practice Guideline is **2** pages.

Date of publication: August 2008

Date of review: July 2010

Responsible committee member: Prof Lee A Wallis

EMSSA Practice Guidelines provide advice on recommended practice for emergency centres, emergency personnel and emergency care activities.

The information within these papers statements is advice only. EMSSA will not be held liable for clinical outcomes related to these Guidelines.

Effective communication of patient information by prehospital staff is essential to good patient care. In an effort to ensure that the necessary information is transferred with maximum retention by receiving staff, a structured approach is required.

The **De M I S T** system has proven effective both locally and internationally:

- De** = Demographics: name, age
- M** = Mechanism of injury / Illness
- I** = Injuries sustained/suspected
- S** = Signs as recorded (observations)
- T** = Treatment administered; times involved

STRUCTURED HANDOVER

When EMS arrives to deliver or collect a patient from an Emergency Centre, the handover is done on a one-to-one basis. EMS staff should communicate directly with **one** Emergency Centre Staff member. For the duration of the handover, all attention should be directed at this communication.

EMSSA Practice Guidelines provide advice on recommended practice for emergency centres, emergency personnel and emergency care activities.

The information within these papers statements is advice only. EMSSA will not be held liable for clinical outcomes related to these Guidelines.