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Scaffolding Clinical Reasoning and Decision Making

Scaffolding Clinical Reasoning: Clinical Handover



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What is clinical handover?

I Identify	Mrs Appleby 67 year old female
S Situation	Developed mid scapula pain when walking her dog this morning, associated SOB and diaphoresis, some relief with rest – but persisted so called 000
B Background	Depression Anxiety Breast Ca dx 2014 –L) mastectomy and axillary clearance, 8 cycles of chemotherapy Hysterectomy for fibroids 2003
A Assessment	Resp: RR 14, chest clear on ausc, CXR ?mass, no cough/fevers Cardio: ECG NAD, HR 80 reg BP 140/85 mmHg, pain free. Neuro: GCS 15/15, no deficits, BSL 5 mmols. Pathology: WCC > 18 Hb < 85
R Recommendations	Admit gen med 2 hourly vital signs Repeat ECG if pain reoccurs CT scan chest with contrast (pending renal function)

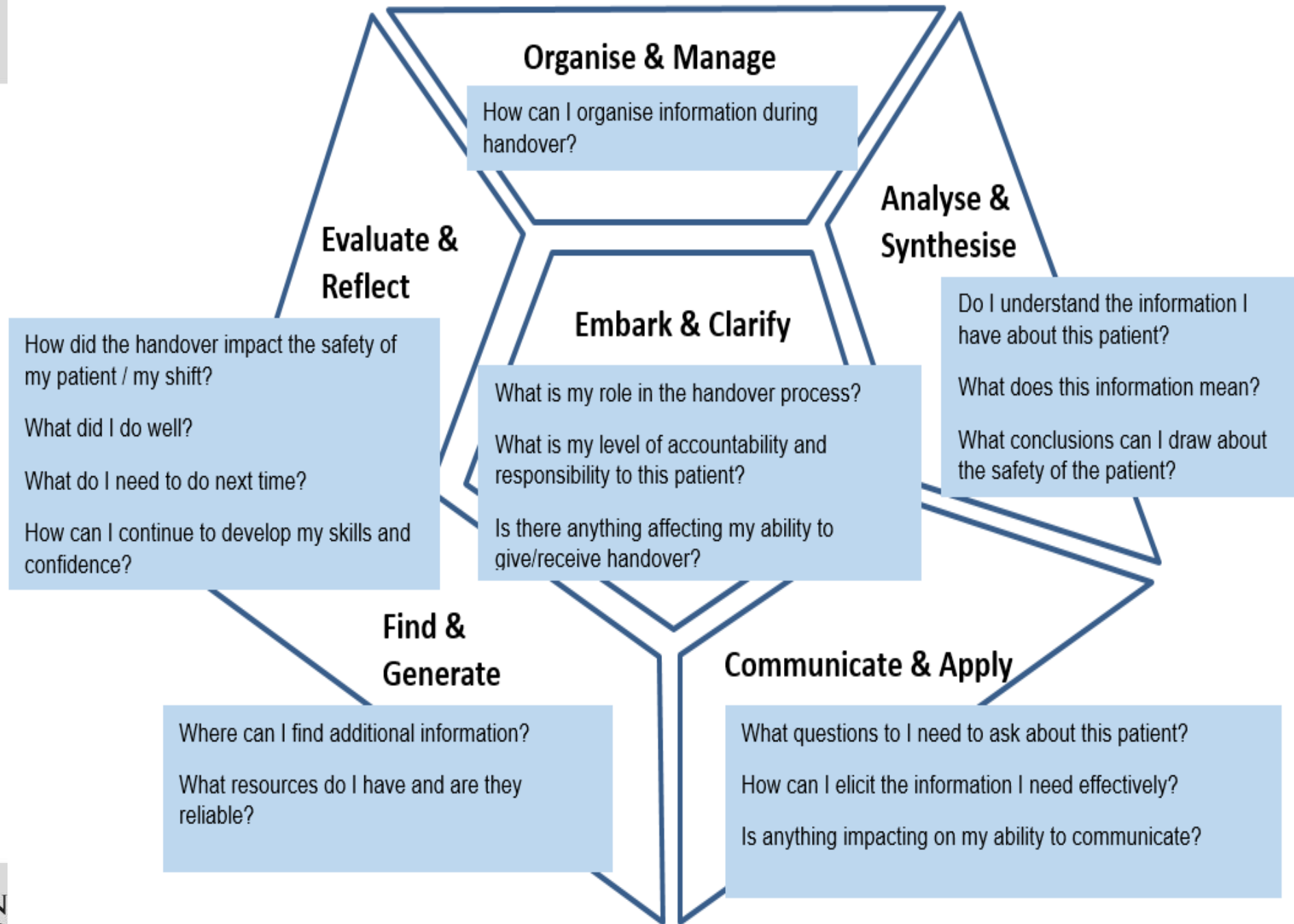


Stimulus and introduction to the pentagon:

“fluid balance charts have no value in measuring the fluid volume status of patients. “

	RIGHT	WRONG
Embark and Clarify		
Organise and Manage		
Analyse and synthesise		
Communicate and Apply		
Find & Generate		
Evaluate and Reflect		





Student comments:

“Something I would like to clarify is what information given in the handover is most important compared to which information is either irrelevant or just something to note but not pay as much attention to.”

“She was fit to go home according to the night time nurse so we need to question what investigations were taken prior in the day...”