






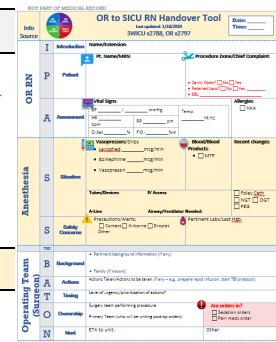


<b>Title: 3WICU &amp; OR Handover/Handoff Tool - "I PASS THE BATON" - DRAFT</b>	<b>Date: 1/18/2019</b> <b>Version: 2</b>
<b>Departments who must adopt: OR, ICUs</b>	<b>Symbol Legend:</b>   = Step Required to Meet Safety or Regulatory Requirement   = Step Includes ORCHID   = New Step / Changed!
<b>Staff who must adopt: RNs, Anesthesia Providers, and Operating Teams conducting handoffs for patients going to SICU (3WICU) from OR (<i>except Cardiothoracic Surgeries</i>).</b>	
<b>Sponsor/Originating Unit/Team: 3WICU / OR (Nursing/Anesthesia/Surgery)</b>	

Task #	Task description	Details	Task time
1.	SICU-RN prepares for report	A. Upon notification that a patient is coming from OR, ICU-RN prepares handoff tool sheet.  B. If unable to receive report, RN to inform charge nurse and develop a plan to ensure that report can be received timely.	
2.	 Provide preliminary report from OR to SICU		
2.1.	 <u>OR-RN</u> to call inpatient unit	<b><u>At least 15 minutes before estimated time of closing case,</u></b> OR-RN calls inpatient unit & speak to patient's primary nurse. <ol style="list-style-type: none"> <li>Both RNs use the tool to give information (copy of tool located next to every OR room phone).</li> </ol>	<b>5-10 mins</b>
2.2.	Anesthesia to provide preliminary report over the phone	Details - pending	
2.3.	Operating team ensures orders are in place	A. Sedation/pain medication orders PRN B. Other medication/orders needed upon arrival to unit	
3.	 Conduct bedside report		
3.1.	OR-RN to ICU-RN	A. Update RNs for changes	
3.2.	Anesthesia to ICU-RN/SICU Resident	A.	
3.3.	Operating Team to SICU Resident	A.	
4.	For audit purposes, OR-RN to drops off used sheet in 3WICU	OR-RN drops off used form in 3WICU "OR-ICU Handoff Tool" envelop posted in C or D-Side in front of PPE Cart	
<b>Cycle time:</b> (enter observed cycle time or s)			<b>10-20 mins</b>



# OR to SICU RN Handover Tool

Last updated: 1/18/2019  
3WICU x2788, OR x2797

Date: \_\_\_\_\_  
Time: \_\_\_\_\_



Info Source

<b>OR RN</b>	<b>I</b>	<b>Introduction</b>	Name/Extension:	
	<b>P</b>	<b>Patient</b>	Pt. Name/MRN:	Procedure Done/Chief Complaint:  • Cavity Open? <input type="checkbox"/> No <input type="checkbox"/> Yes • Retained Laps? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ • EBL: _____
	<b>A</b>	<b>Assessment</b>	<b>Vital Signs:</b> BP _____ / _____ mmHg      Temp: _____ °F/°C HR _____ bpm      RR _____ pm O <sub>2</sub> Sat _____ %      FiO <sub>2</sub> _____ %m	<b>Allergies:</b> <input type="checkbox"/> NKA
<b>Anesthesia</b>	<b>S</b>	<b>Situation</b>	<b>Vasopressors/Drips</b> • Levophed _____ mcg/min • Epinephrine _____ mcg/min • Vasopressin _____ mcg/min	<b>Blood/Blood Products:</b> • <input type="checkbox"/> MTP
			<b>Tubes/Devices:</b> <b>IV Access:</b>  <b>A-Line:</b> <b>Airway/Ventilator Needed:</b>	<b>Recent changes:</b>  <input type="checkbox"/> Foley Cath <input type="checkbox"/> NGT <input type="checkbox"/> OGT <input type="checkbox"/> PEG
	<b>S</b>	<b>Safety Concerns</b>	<b>Precautions/Alerts:</b> <input type="checkbox"/> Contact <input type="checkbox"/> Airborne <input type="checkbox"/> Droplet Other: _____	<b>Pertinent Labs/Last Hgb:</b>
THE				
<b>Operating Team (Surgeon)</b>	<b>B</b>	<b>Background</b>	• Pertinent background information (if any):  • Family (if known):	
	<b>A</b>	<b>Actions</b>	Actions Taken/Actions to be taken (if any – e.g., prepare rapid infusion, start TBI protocol):	
	<b>T</b>	<b>Timing</b>	Level of urgency/prioritization of actions?	
	<b>O</b>	<b>Ownership</b>	Surgery team performing procedure:  Primary Team (who will be writing post-op orders):	<b>Are orders in?</b> <input type="checkbox"/> Sedation orders <input type="checkbox"/> Pain meds order
	<b>N</b>	<b>Next</b>	ETA to unit:	Other: