ICU and OR Handoffs

Nadia Obeid MD, Henry Ford Detroit





O.R. TO SICU TRANSFER OF CARE (POST-OP TIMEOUT)

• Critical monitor connections are to be made by RN/RT in this order: 1) Pulse oximeter

□ SURGERY'S PRIMARY CONCERN IS

- 2) Arterial Line / NIBP
- 3) ECG leads
- 4) Vent / ETCO2
- 5) Tubes (chest tubes, NGT, etc)
- ONLY immediate patient care needs should be discussed while connecting a patient to monitors.

ANESTHESIOLOGY TEAM	
□ Pertinent History (Medical, Surgical, Allergies, Medications)	EDI :
□ Code Status	EBL:
□ Type of anesthesia (eg. general, local, spinal)	Fluids:
□ Airway: difficult airway?(Y/N), intubation technique, airway issues (if any)	Urine:
□ Breathing: ventilator settings, ventilation concerns (if any), treatments given	PRBC:
□ Circulation/Hemodynamics: Intra-op issues, vasopressors	FFP:
□ Paralytic status	Platelets:
□ Operative Volume Summary ————▶	Cryo:
□ Summary of narcotics given	Cell-saver:
□ Current Infusions (pressors, sedation, insulin)	
□ Lines/IV access & location: □Arterial line □Central line □Cordis □Swan-Ganz □Peript	neral IV
□ ANESTHESIA'S PRIMARY CONCERN IS	
SURGERY TEAM	
□ Surgery performed	PRIMARY TEAM:
□ Unanticipated findings, complications	
□ Expected postop exam (e.g. pulse/doppler exam, known neuro deficits)	
□ Postop ABX and duration (if needed)	STAFF SURGEON
□ Postop labs needed	
□ DVT Prophylaxis or Anticoagulation	
□ Diet (e.g. NPO, regular diet, TPN, tube feeds)	CONTACT #:
□ Dressings/wound care instructions	
□ Drain/Tube care instructions (e.g. chest tube to suction, NGT to LIS, G tube to gravity)	
□ Special Instructions (e.g. do not manipulate NGT, Q1h neurovasc/neuromotor checks, HOB limit/p	positioning, empty drain q4h)
□ Specific order set needed? (Carotid Endarterectomy/Carotid Artery Stenting; Aortic Dissec	tion- medications & treatme

(MUST USE CEA Post-Op/Aortic Dissection order sets; DO NOT use the General Adult ICU Admission Order Set for these patients)