Handoff Communications

Banner Health

HANDOFF COMMUNICATION

Patient Label

Complete on all patients going to surgery or procedures Reason for Procedure _____

S

☐ Cardiac Cath ☐ Medical Imaging (Angio, CT, US, Nuc Med, MRI) ☐ Pediatric Outpatient Treatment Center
☐ Dialysis ☐ Outpatient Treatment Center ☐ Unit _____
☐ Endoscopy ☐ OR/CVOR

B

Date:___/___/___ Unit Sending Patient: _____ Unit Patient to Return To Post Procedure: _____
Primary RN _____ Name patient prefers to be called: _____
Nursing Physical Assessment completed ☐
Level of Consciousness: ☐ oriented ☐ cooperative ☐ anxious ☐ uncooperative ☐ confused ☐ other: _____
Pain assessment: Pain level _____ Scale Used _____ Pain goal: _____
Last dose pain medication _____ Medication Reconciliation Complete ☐ yes

Spouse/Significant Other with patient: ☐ Yes ☐ No Name _____ Location: _____

Vitals (to be done within the hour prior to leaving unit):
Time: _____ Temperature _____ Pulse _____ Respirations _____ Blood Pressure _____ O_2Sat _____ Room air/O_2 _____ l/min
NPO status: Time of last oral intake of clears: _____ solids (including milk products): _____
Pre-Procedure Meds: Ordered ☐ No ☐ Yes Given ☐ No ☐ Yes, see MAR Prep Complete ☐ no ☐ yes
Recent Weight _____ kg ☐ actual Ht _____ cm

Consents signed: ☐ surgery/procedural ☐ anesthesia/sedation ☐ blood ☐ sterilization

	ordered	results on chart		ordered	results on chart
CBC	*Yes No NA*	*Yes No*	UA	Yes No NA	Yes No
CMP	*Yes No NA*	*Yes No*	12 Lead EKG	Yes No NA	Yes No
PT/INR/PTT	*Yes No NA*	*Yes No*	Chest X-ray	Yes No NA	Yes No
Type & Cross	*Yes No NA*	*Yes No*	Blood Sugar _____	Yes No NA	Yes No
HCG	*Yes No NA*	*Yes No*		Yes No NA	Yes No

Abnormal results? ☐ No ☐ Yes If Yes, Physician notified: _____ Time notified: _____ Notified by: _____
Orders Received? ☐ No ☐ Yes If Yes, See Orders

In chart:
☐ History and Physical ☐ MAR ☐ MRI checklist
☐ Pre-operative note ☐ Allergy Sheet ☐ Contrast Form
☐ Conditions of Admission ☐ PCMP
☐ RN flowsheet/progress notes

For patients receiving bowel prep: Results clear? ☐ yes ☐ no

***** *Also complete this section if going to surgery* *****

Jewelry removed	*Yes No If No, secured NA*	Denture cup labeled and sent to pre-op	*Yes No NA*
Prosthesis removed	*Yes No NA*	Pneumatic/therapeutic hose on patient to Pre-Op (if ordered)	*Yes No NA*
Dentures removed	*Yes No NA*	Pre-Operative Incentive Spirometer Reading: _____	
Contacts removed	*Yes No NA*	Time of Last Void: _____	
Glasses removed	*Yes No NA*	☐ Diaper ☐ Foley ☐ Bedpan ☐ Bathroom Privileges ☐ Incontinent	
Skin prep done	*Yes No NA*		

***** *Also complete for Cardiovascular Patients* *****

1st shower _____
2nd shower with clipping (less than 4 hours from OR time) _____

A

Patient ready for transfer ☐
Patient transferring for intervention ☐

R

Accompanied by ☐ transporter ☐ nurse ☐ nurse & monitor
Transported via: ☐ cart ☐ wheelchair ☐ bed ☐ ambulatory
Report called to _____ at _____ Report faxed to _____ to ext _____
Please call _____ at ext. _____ for any questions.
Signature(s) of Staff Sending Patient _____
Signature of Pre-op/Procedural Staff receiving patient _____ Date _____ Time _____
Comments: _____

S: Situation B: Background A: Assessment R: Recommendation

05-9872 (10/06)

HANDOFF COMMUNICATION

Courtesy of Banner Health. Used with permission.

Handoff Communications

Parkwest MEDICAL CENTER
Covenant HEALTH
Treated Well. Well Treated.

S	Patient ID Label Here	**Surgeon:** **Procedure:** **NPO Status:** **Ht/Wt:** **Site Marked:**	**Procedure:** **Anesthesia Type:** General – Epidural – Spinal – Local – MAC **Other:**

B	**History: (circle)** **Other:**	Neuro – Seizures - DM – Cardiac Dz – Dysrhythmia – HTN – Resp Dz – Asthma – Renal Dz – Liver Dz – Malignant Hyperthermia
	Allergies:	
	Isolation (circle)	MRSA – VRE – TB - Other:
	Cultural/Interpreter:	/ **Personal Belongings**: _____ **Given to**:_____
	Family Contact Info:	**Location:** Waiting Room – Unavailable **Contact #:**

		ASU →	**PSA →**	**OR → PACU/ASU/CCU**
A	T/HR/BP/RR/SaO2:			
	Skin:			
	Neuro:			
	Pulmonary:			
	Cardio/Rhythm/PV:			
	GastroIntestinal:			
	GU/Cath/Drains:			Circle: Foley – CBI - JPx___- Hmvac – Other:
	Dressings:			
	Musculoskeletal:			
	Pain:			
	Epidural/Block:			
	IV Site & IVF LTC:	Site: LTC:	Site: LTC:	Site: LTC:
	Lines (CVL,A-Line):			
	Intake/Output & EBL:	I= O=	I= O=	I= O= EBL:
	Meds/Reversal Given:			
	Infusions:			
	Blood Given/Needed:		Given: Needs:	Given: Needs:
	Abn Labs & Last BS:	BS=	BS=	BS=
R	BetaBlocker Protocol:	Yes No N/A	Yes No N/A	Yes No N/A
	DVT Protocol:	Yes No N/A	Yes No N/A	Yes No N/A
	Other:			
	Special Equipment:			
	Acute Orders:			
	Unexpected Events:			
	Post Op Destination:	ASU CCU Floor	ASU CCU Floor	ASU#_____ CCU #_____ Floor Room #_____
	Meds (Antibx) needed			

Courtsey of Parkwest Medical Center. Used with permission.

Handoff Communications

"I PASS THE BATON"

Handoffs and Healthcare Transitions with opportunities to ask QUESTIONS, CLARIFY and CONFIRM

I	Introduction	Introduce yourself and your role/job (include patient)
P	Patient	Name, identifiers, age, sex, location
A	Assessment	Presenting chief complaint, vital signs and symptoms and diagnosis
S	Situation	Current status, medications, circumstances, including code status, level of (un)certainty, recent changes, response to treatment
S	SAFETY Concerns	Critical lab values/reports, socio-economic factors, allergies, alerts (falls, isolation, etc.)
THE		
B	Background	Co-morbidities, previous episodes, past/home medications, family history
A	Actions	What actions were taken or are required AND provide brief rationale
T	Timing	Level of urgency and explicit timing, prioritization of actions
O	Ownership	Who is responsible(nurse/doctor/team) including patient/family responsibilities
N	Next	What will happen next? Anticipated changes? What is the PLAN? Contingency plans?

Courtesy of Department of Defense Patient Safety Program. Used with permission.

Handoff Communications

Patient name and MR #

Kaiser San Francisco
Perioperative Services

RN TO RN HANDOFF TOOL
(O.R. - PACU / CVICU)

DATE _____

****

SITUATION (patient history):

PATIENT'S AGE & PRE-OPERATIVE DIAGNOSIS _____
_____

PERTINENT MEDICAL HISTORY _____

OPERATIVE PROCEDURE _____ **(include side and site)**

ALLERGIES ☐ YES _____
☐ NKDA

SENSORY IMPAIRMENT ☐ YES _____
☐ NO

FAMILY PRESENT ☐ ASU WAITING ROOM
☐ 5TH FLOOR – CVOR WAITING ROOM

RELIGIOUS/CULTURAL ISSUES ☐ YES _____
☐ NO

ISOLATION PRECAUTIONS ☐ YES _____
☐ NO

INTERPRETER REQUIRED ☐ YES _____
☐ NO

VALUABLES / BELONGINGS (disposition) _____

INTRAOPERATIVE BACKGROUND:

MEDS GIVEN INTRAOPERATIVELY _____

BLOOD GIVEN YES☐ ☐NO TRANSFUSED _____ RBCs, _____ PLATELETS _____ FFPS

UNITS AVAILABLE _____

ASSESSMENT OF SKIN INTEGRITY _____
(include pressure sites, positioning related areas and incision site)

MUSCULOSKELETAL RESTRICTIONS ☐ YES _____
☐ NO

TUBES / DRAINS / CATHETERS _____ (include size and location)
☐ N/A

DRESSINGS / CAST / SPLINT ☐ YES _____
☐ NO

COUNT CORRECT ☐ YES ☐ NO >>> XRAY TAKEN ☐

OTHER (labs, path results, etc) _____

PATIENT TRANFERRED TO ☐ PACU CVICU☐

REPORT GIVEN TO _____ RN >>>> REPORT GIVEN BY _____ RN (relief only)
REPORT GIVEN TO _____ RN >>>> REPORT GIVEN BY _____ RN (relief only)

REPORT GIVEN TO _____ RN >>>> REPORT GIVEN BY _____ RN

**** NOT PART OF PATIENT CHART****

Courtesy of Kaiser San Francisco. Used with permiss

Sentara Norfolk General Hospital, Norfolk, Virginia 23507

SNGH PACU REPORT WORKSHEET

Form must be filled out completely

PATIENT

(Place sticker here)

Date:_____
Room assigned:_____
Surgeon:_____

PRECAUTION

Type Bed: Regular / Telemetry Class I II / Step down / SD Telemetry / ICU
Allergies: _____ Reaction: _____
Isolation Yes No Type_____
Oxygen NC_____ FM _____ VENT_____
*Type of Surgery*_____

***Type of Anesthesia*: General / Sedation / Local / Spinal / Epidural / Block**

Medications given PACU: Versed____ Fentanyl _____ Dilaudid _____Morphine____
Time Last narcotic given_____
Other_____ Anitemetic_____
Antibiotic_____ Time next dose due _____
PCA Medication_____Settings_____Time Started_____
Medical History _____
_____

PLAN OF CARE

Fluids in: OR_____ PACU_____
IV fluid /Rate_____ IV access &location_____
Output OR_____ PACU_____ Foley present Y / N
EBL OR_____ PACU_____
DRAINS OR_____ PACU_____
Number of and location of drains:_____

DRESSINGS_____

PROBLEMS : Vital Signs: Time:
T_____HR_____ RR_____B/P _____Pulse Ox _____Pain Scale____
Review systems (WNL otherwise noted)
Neuro/Vascular :_____
Respiratory: _____
Cardiac/Rhythm: _____
GI / Diet (has patient started ice chips)_____
GU: _____
Musculoskeleton: _____ Kendalls Y / N
Labs _____
Xrays_____
Blood Sugar_____

PURPOSE

Time Bed Ready_____ Time Report Faxed _____
Nurse Completing Report_____
Time patient arrived to floor_____ On floor bed Y / N

Courtesy of Sentara Norfolk General Hospital. Used with permission.

Handoff Communications

Caregivers Connect with SBAR

Every caregiver is an integral link in the chain of communication. If just one link is weak, care can be compromised. SBAR is a structured approach to communication between healthcare providers designed to ensure that each link is strong.

WakeMed

SITUATION

- Why are you calling the caregiver?
- Identify yourself, unit, patient, room number
- Briefly state the problem: what, when, how severe?

BACKGROUND

- Information related to the situation
- Admission diagnosis and date
- Most recent vital signs
- List of current medications, allergies, IV fluids, test results
- Lab results: date and time done; comparison to previous results
- Other pertinent clinical information
- Code status (if appropriate)

ASSESSMENT

- What is your assessment of the situation you are calling about?

RECOMMENDATION

- What do you want from the caregiver?
- Test or medication order?
- Patient needs to be seen now
- Order change

Courtesy of WakeMed Healthcare Health and Hospitals. Used with permission.

Handoff Communications

UCI Health Sciences

SBAR Patient Report Guidelines: Perioperative Services

Report given by: **Time:** _____ **Phone:** _____
Report received by: **Phone:** _____

S

Situation:

- ☐ Patient's name,
- ☐ Age, gender
- ☐ Diagnosis/Procedure being performed
- ☐ NPO status (# of hours)
- ☐ Allergies
- ☐ Advanced Directive, Code status

B

Background:

- ☐ History / Past hospitalization
- ☐ Infection Control/Isolation
- ☐ Primary Language
- ☐ Legal status
- ☐ Special needs – spiritual, cultural, learning, communication
- ☐ Religious needs-refuses blood transfusion
- ☐ Disposition of Patient belongings

A

Assessment:

☐ Current Status - **Preop to OR**

- ➢ Planned surgical procedure
- ➢ Surgical procedure verified and marked
- ➢ Planned anesthesia type
- ➢ Allergies
- ➢ Mental status
- ➢ Language barriers
- ➢ Blood products/Consent
- ➢ Medications received in preop
- ➢ Antibiotics to be given
- ➢ Blood products available
- ➢ Significant medical history (Elevated BP, cardiac, asthma, etc.)
- ➢ Equipment needs (SCD, etc.)
- ➢ Catheters/Drains
- ➢ Musculoskeletal/Skin: breakdown, casts, wounds, dressings
- ➢ Surgeon has spoken with patient/family
- ➢ Family waiting/contact information?

☐ Current Status - **OR RN to OR RN**

- ➢ Current stage of procedure
- ➢ Anesthesia type
- ➢ Position of patient/devices used
- ➢ Allergies
- ➢ Significant medical history
- ➢ Blood products/Consent
- ➢ Recent changes in condition
- ➢ Medications on the sterile field
- ➢ Irrigation fluids in use
- ➢ Instrumentation on/off field - needed
- ➢ Equipment/device needs
- ➢ Implants needed available
- ➢ Vendor present/needed
- ➢ Specimens on and off field
- ➢ Drains and catheters
- ➢ Counts
  - o Sponges
  - o Needle/Small Items
  - o Instruments

☐ Communication with family regarding:

- ➢ Clinical/Change in Condition

☐ Current Status - **OR to PACU/Critical Care**

- ➢ Surgical procedure
- ➢ Allergies
- ➢ Blood products remaining
- ➢ Drains and catheters
- ➢ Motor activity (neuro)
- ➢ Peripheral circulation issue
- ➢ Positional issues
- ➢ Skin integrity
- ➢ Equipment needs
- ➢ Additional issues or concerns

☐ Communication with family regarding:

- ➢ Clinical Condition
- ➢ Change in Condition

☐ Current Status - **OR Scrub to OR Scrub**

- ➢ Current stage of procedure
- ➢ Anesthesia type
- ➢ Allergies
- ➢ Medications on the sterile field
- ➢ Irrigation fluids in use
- ➢ Location and count of all countable items currently in use
- ➢ Instrument trays in use and counts of all instruments
- ➢ Extra instruments available in room
- ➢ Implants on field/in room
- ➢ Number and location of specimens, on and off the field
- ➢ Any additional issues or concerns

R

Recommendation:

- ☐ Plan for continuing care interventions
- ☐ Nursing orders/Nursing plan of care
- ☐ *Additional Questions/Comments*
- ☐ Abnormal results and related

_____

Courtesy of UCSI Health Sciences. Used with permission

BETH ISRAEL DEACONESS MEDICAL CENTER
NURSING COMMUNICATION SHEET: ICU → OR, OR → ICU
Template for Verbal Report

ICU → OR Please call OR when anesthesia takes patient X43000 West X 72411 East Ask UCO to transfer you to the RN caring for the patient
Demographics Name & Medical Record Number Allergies Brief history Planned Surgical Procedure Precautions
Paperwork Nursing Assessment H & P Surgical Consent Anesthesia consent
Family Location Contact person/number
OR → ICU Please call ICU 60 minutes prior to anticipated time of transfer
Intraoperative medications/fluids Medications or drips that anesthesia would like available Pumps or other medication delivery equipment needed
Intraoperative issues Related to positioning Problems/complications
Special post op needs: Lines Intubated/ventilated Hypothermia equipment Compression sleeves ICP monitoring Implanted devices
Dressings & Drains Type of drain(s) Location of drain(s) Vac dressing Abd open

Courtesy of Beth Israel Deaconess Medical Center. Used with permission.

Handoff Communications

Bloomington Hospital
Bloomington, Indiana

Nursing
SHARQ TRANSFER

S Situation

Date ____/____/____ Time _____ Report From _____ ☐ ED ☐ PACU ☐ _____
Patient Name _____ Admitting MD _____ Consulting MD _____
Chief Complaint _____
Diagnosis/Procedure _____
Surgery End Time _____ Family Present: ☐ Yes ☐ No
Special Needs _____ Isolation: ☐Yes ☐No Type _____

H Past Medical History

☐ Negative ☐ Seizures ☐ Recent Admit ☐ HTN ☐ Cardiac ☐ MI ☐ CHF ☐ Renal ☐ Diabetes
☐ Infectious Diseases ☐ CA ☐ COPD ☐ Asthma ☐ Headaches ☐ CVA ☐ TIA ☐ Psych
☐ ETOH/Drug Abuse ☐ Other _____
Code Status: ☐Full ☐AND ☐AND-Limited interventions ☐AND-Advanced interventions
☐Living Will ☐ Advanced Directive
Allergies _____
Home Medication List Complete: ☐ Yes ☐ No ☐ Action Needed _____
Smoking History: Smoker: ☐ Yes ☐ No Pack/Day _____ Tobacco Use: ☐ Yes ☐ No

A Assessment

LOC/Orientation _____

Temp		**Blood Pressure**		**Pain Scale (0-10)**	
Pulse		**Rhythm**			
Respirations		**Breath Sounds**		**Oxygen:** ☐ **Yes** _____	**O2 Sat**

Key Medications	Fluids/Meds	Dose/Rate	Given/Start Time	Access
				IV
				Dialysis Access
				Port
				Other

Urine	☐ Continent ☐ Incontinent ☐ Foley Cath
Drains	☐ Jackson Pratt ☐ Hemo-Vac ☐ Other _____
Bowels	☐ Continent ☐ Incontinent ☐ Ostomy Last BM _____

Wounds _____
Activity/Mobility/Fall Risk _____
Total Intake _____ Total Output _____ Estimated Blood Loss _____ ☐ Not Applicable
Vaccination Assessment Complete-Pneumonia: ☐ Yes ☐ No ☐ NA Flu: ☐ Yes ☐ No ☐ NA

R Recommendations/Results

Labs	**Treatments**
EKG	**Radiology**

Discharge Needs _____

Q Questions

Orders needed? (i.e , activity, medications, diet)

185209 1/9/06
p 1 of 1

SHARQ TRANSFER
Worksheet

Courtesy of Bloomington Hospital. Used with permission.