

# Anesthesia ICU Handoff Form



## Leading Practices Library

Organizations submit practices to The Joint Commission that they have found to be “leading practices,” with permission to share them with other organizations.

The Joint Commission makes these “leading practices” available to organizations that may wish to examine their applicability to their particular circumstances. Please understand that The Joint Commission can make no representations as to the results that any organization can expect from their use or adaptation of a “leading practice” to their particular circumstances.

4/15/2010

ACCEPTED

# Anesthesia/ICU Handoff Form

<b>PATIENT</b> (two patient identifiers)			
Name		Service	
U#		Family:	
<b>PROBLEM</b> (medical history, diagnosis, current condition/assessment)			
<b>Procedure:</b>			
<b>Medical History</b>		<b>Neuro:</b>	Paralyzed: Y/N
			Reversed: Y/N
			Sedation:
			Pain:
<b>CV: Rate/Rhythm</b>		<b>BP:</b>	<b>Events:</b>
<b>CVP:</b>	<b>PA:</b>	<b>PCWP:</b>	
		<b>CO/CI:</b>	
<b>Drips:</b>		<b>Lines:</b>	
<b>Resp: Vent Settings</b>		<b>In:</b>	<b>Crystal:</b>
			<b>Colloid:</b>
			<b>PRBCs</b>
			<b>Plasma</b>
			<b>Platelets:</b>
			<b>Cyro:</b>
			<b>Cellsaver:</b>
		<b>Out:</b>	<b>EBL:</b>
			<b>Urine:</b>
<b>Meds</b>		<b>Labs:</b>	
abx:		<b>Hct</b>	<b>INR</b>
		<b>K</b>	<b>Ca</b>
		<b>BS</b>	<b>Mag</b>
Other:			<b>pH</b>
			<b>PCO2</b>
			<b>PaO2</b>
			<b>HCO3</b>
<b>PLAN</b> (short/long term goals)			
<b>PRECAUTIONS</b> (code status, allergies, isolation, etc.)			
<b>Allergies:</b>		<b>Safety Checks</b>	
<b>Isolation:</b>	Standard: <input type="checkbox"/>	<b>Contact:</b>	2 pt. identifiers checked Y/N
	Special Contact: <input type="checkbox"/>	<b>Airborne:</b>	Allergy band on Y/N
	Droplet: <input type="checkbox"/>		Code status checked Y/N
<b>Other:</b>			Vent/ambu bag checked Y/N
			Pumps correct: Y/N