



Patient Sticker

Cardiac Interdisciplinary Handoff

Preoperative:																	
Primary Team	<b>Heart Defect:</b>  <b>Planned Procedure:</b>  <b>Past Medical History/Surgeries:</b>  <b>Respiratory status:</b> Baseline sats: _____  <b>MD/RN communication/patient concerns:</b> NPO (clears/solids): _____/_____ <input type="checkbox"/> Request post-op sedation with Precedex gtt <input type="checkbox"/> Request reinforcing/suturing lines RN/ Ext. _____	<b>Age: _____ Weight: _____ Allergies: _____</b>  <b>Pertinent Meds (last taken):</b> <input type="checkbox"/> Dopamine <input type="checkbox"/> Milrinone <input type="checkbox"/> Epi <input type="checkbox"/> Alprostadil  <b>EKG:</b> <b>Pre-op ECHO/CATH:</b>  <b>Labs:</b> ABG: <input type="checkbox"/> T&C ordered: _____  <b>ECMO candidate: YES/NO</b>	<table border="1"> <tr> <td>Na</td> <td>Cl</td> <td>BUN</td> <td>Gluc</td> <td>WBC</td> <td>Hgb</td> <td>Plt</td> </tr> <tr> <td>K</td> <td>CO<sub>2</sub></td> <td>Creat</td> <td></td> <td>Hct</td> <td></td> <td></td> </tr> </table> Attending: _____ Pager/Ext. _____/_____	Na	Cl	BUN	Gluc	WBC	Hgb	Plt	K	CO <sub>2</sub>	Creat		Hct		
	Na	Cl	BUN	Gluc	WBC	Hgb	Plt										
K	CO <sub>2</sub>	Creat		Hct													
<b>Anesthesia:</b>																	
Anesthesiology Team	<b>Airway:</b> <b>Mask:</b> <input type="checkbox"/> Easy <input type="checkbox"/> Difficult O.A. Used? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Intubation:</b> Grade: Blade: Tube Size: Cuffed: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Difficulties:</b>  <b>Post-op Vent settings:</b>	<b>Lines:</b> <input type="checkbox"/> Sutured <b>Aline:</b> <b>CVL:</b> <b>PIV:</b>  <b>Meds (time given):</b> <input type="checkbox"/> Fentanyl <input type="checkbox"/> Ofirmev <input type="checkbox"/> Precedex <input type="checkbox"/> Lasix  <input type="checkbox"/> iNO  <b>Continued Infusions:</b> <input type="checkbox"/> Dopamine <input type="checkbox"/> Milrinone <input type="checkbox"/> Epi <input type="checkbox"/> NTG	<b>Fluids:</b> <b>Blood Products:</b> PRBCs: FFP: Plt: Cryo: Cell-Saver:  <b>Crystalloids:</b> <b>Colloids:</b>  <b>EBL:</b>  <b>UOP:</b>	<b>Intra-op course:</b> <b>Total CPB time:</b> Cross-clamp: SCP: DHCA:  <b>Rhythm off pump:</b> Cardiovert/Dfib: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Issues On Pump/Coming Off:</b>  <b>Labs:</b> HBG: Lactate: (peak/recent): ACT (recent): Last ABG:  Attending: _____ Pager/Ext. _____/_____													
	<b>CT Surgery:</b>																
CT Surgery Team	<b>Operative Procedure:</b>   <b>Post ECHO:</b>	<b>Post-op Orders:</b> <input type="checkbox"/> Fast Track Extubation <input type="checkbox"/> Remain Intubated <input type="checkbox"/> Sedated <input type="checkbox"/> Paralyzed x _____ hrs <input type="checkbox"/> iNO: wean YES / NO <input type="checkbox"/> Transfuse to goal HCT _____	<b>Post-op Concerns:</b>         Attending: _____ Pager/Ext. _____/_____														

PHONE EXTENSIONS: CTICU Attending/Fellow/Charge RN/Front Desk: 52013/52014/51021/81957  
Peds Anesthesia SD/Front Desk: 51354/44442