



ICU—OR/NORA Interdisciplinary Handoff

Preoperative:																	
Primary Team	<b>Primary Diagnosis:</b>  <b>Planned Procedure:</b>  <b>Past Medical History/Surgeries:</b>  <b>NPO (clears/solids):</b> ____/____ <b>Respiratory status:</b> ETT: Vent/NIPPV settings: Goal sats: <b>MD/RN communication/patient concerns:</b>  RN/Ext. _____	<b>Age:</b> ____ <b>Weight:</b> ____ <b>Allergies:</b> _____ <b>Pertinent Meds:</b> _____ <b>Lines:</b> _____ <input type="checkbox"/> Dopamine/epi/milrinone <input type="checkbox"/> Sedation:  <b>EKG:</b> <b>ECHO/CATH:</b> <b>Other Imaging:</b>  <b>Labs:</b> ABG: Blood ordered/given recently:  Attending: _____ Pager/Ext. ____/____	<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></td> <td>Hct</td> <td></td> </tr> </table>	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>ECMO candidate: YES/NO</b>																	
Anesthesia:																	
Anesthesiology Team	<b>Airway:</b> <b>Mask:</b> <input type="checkbox"/> Easy <input type="checkbox"/> Difficult <b>O.A. Used?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Intubation:</b> <b>Grade:</b> <b>Blade:</b> <b>Tube Size:</b> <b>Cuffed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Difficulties:</b>  <b>Vent settings:</b>	<b>Lines:</b> <b>Aline:</b> <input type="checkbox"/> Sutured <b>CVL:</b> <b>PIV:</b>  <b>Meds:</b> <input type="checkbox"/> Fentanyl <input type="checkbox"/> Morphine <input type="checkbox"/> Tylenol <input type="checkbox"/> Abx _____  <b>Continued Infusions:</b> <input type="checkbox"/> Dopamine <input type="checkbox"/> Milrinone <input type="checkbox"/> Epi	<b>Fluids:</b> <b>Crystalloid:</b>  <b>Colloid:</b>  <b>Blood Products:</b>  <b>EBL:</b>  <b>Urine Output:</b>	<b>Intra-op course/concerns:</b>        Attending: _____ Pager/Ext. ____/____													
Surgeon/Interventionalist:																	
Interventional Team	<b>Procedure(s) done:</b>	<b>Specific Instructions:</b>	<b>Concerns:</b>        Attending: _____ Pager/Ext. ____/____														
Recovery:																	
PACU Team	<b>Recovery course:</b>  <input type="checkbox"/> Verbal report given to ICU Attending/Fellow	<b>Pertinent labs/imaging:</b>        Attending: _____ Pager/Ext. ____/____															

CTICU Attending/Fellow/Charge RN/Front Desk: 52013/52014/51021/81957  
 PICU Attending/Fellow/Charge RN/Front Desk: 59278/59279/51235/44357  
 Pediatric Anesthesia SD/NORA SD/Front Desk: 51354/51352/44442