



Patient Sticker

CVL Interdisciplinary Handoff

Preoperative:																	
Primary Team	<b>Diagnosis:</b>  <b>Planned Procedure:</b>  <b>Past Medical History/Surgeries:</b>	<b>Age: _____ Weight: _____ Allergies: _____</b> <b>Meds (last taken):</b> <input type="checkbox"/> Dopamine <input type="checkbox"/> Milrinone <input type="checkbox"/> Epi															
	<b>NPO (clears/solids): _____/_____</b> <b>Respiratory status:</b> <b>Baseline sats: _____</b>	<b>EKG:</b> <b>Pre-op ECHO/CATH:</b>  <b>Labs:</b> <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td>Na</td><td>Cl</td><td>BUN</td><td>Gluc</td><td>WBC</td><td>Hgb</td><td>Pit</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> <b>T&amp;C ordered:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Pregnancy test (female ≥12yo):</b> <input type="checkbox"/> Yes Results _____	Na	Cl	BUN	Gluc	WBC	Hgb	Pit	K	CO <sub>2</sub>	Creat		Hct			
Na	Cl	BUN	Gluc	WBC	Hgb	Pit											
K	CO <sub>2</sub>	Creat		Hct													
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>LMA:</b> <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>Lines:</b> <b>Aline:</b> <b>PIV:</b>  <b>Meds:</b> <input type="checkbox"/> Fentanyl <input type="checkbox"/> Tylenol <input type="checkbox"/> Precedex <input type="checkbox"/> Abx _____  <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>UOP:</b>	<b>Intra-op course:</b>     <b>Attending Initials:</b> _____ <b>Pager/Ext.</b> _____/_____													
Cardiology:																	
Cardiology Team	<b>Intervention &amp; Outcome:</b>  <b>Rhythm: NSR/Other _____</b> <b>Post-Echo:</b>  <b>ACCESS (sheath location/size/removal time/pulse):</b> <b>Vein:</b> _____/_____/_____/_____ <b>Artery:</b> _____/_____/_____/_____/_____	<b>Post-op Orders:</b> <input type="checkbox"/> CXR _____ <input type="checkbox"/> Echo _____ <input type="checkbox"/> EKG _____ <input type="checkbox"/> Labs _____  <input type="checkbox"/> ASA:40mg/81mg/162mg/325mg <input type="checkbox"/> Ancef: _____ <input type="checkbox"/> Pain meds: _____ <input type="checkbox"/> Other: _____  <b>Lie Flat until:</b> _____ then sit up for 30 mins, if no bleeding pt is cleared to get out of bed <b>Diet:</b> _____ <b>Anticipated Discharge:</b> _____	<b>Concerns:</b>     <b>Attending Initials:</b> _____ <b>Pager/Ext.</b> _____/_____														
Recovery:																	
PACU Team	<b>Recovery course:</b>  <b>Pulses:</b> _____ <b>Pressure dressing removal:</b> _____	<b>Pertinent labs/imaging:</b>															