
OR-ICU Handoff Process

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Overview - OR-ICU Handoff Process

- Why are we working on this?
- Review of Process
- What is needed from the surgery teams?
- Implementation Plan

Problems with current state

- Unclear who (or what number) nurses should call/page for what issues
- Fragmented (or lack of) communication between care teams
- Nurses unable to release orders without a bed assignment
- Patients going to PACU before being transferred to the ICU
- ICU team surprised by post-op patients

Process overview

- <https://vimeo.com/339003537>



Process Summary

**Secure an ICU bed
for the patient**

1. Bed request order
2. OR-ICU calls x3 (1hr x2, 15min x1)
3. Communicate ICU needs as early as possible (ideally >1hr before end of case)

**Bedside signout
(ICU MD & nursing,
anesthesia,
surgery)**

Operating resident transports patient and participates in bedside handoff (use checklist)



Bedside Handoff Checklist Tool

MULTIDISCIPLINARY **OR** to ICU HANDOFF BEDSIDE REPORT TOOL

Safety begins with **U**

Introductions | ICU RN & ICU MD representative



- Patient stabilized, technology transferred, all other conversations & distractions stopped
- Confirm patient with 2 patient identifiers
- All team members introduce themselves by name and role

Surgeon Report | Attending, Fellow, or Resident



- Surgical Course: procedure performed, reason for procedure, & important events
- Post-Op Management Plan:
 - Hemodynamic Parameters: MAP / SBP / ICP
 - Fluid goals & transfusion triggers
 - Device Management: Tubes / Drains / Dressings / Foley
 - Diet
 - VTE prophylaxis: Anticoagulants
 - Other medications: Immunosuppressants
 - Mobility Goals
- Social update: Primary contact & when update was given?
- Length of stay: Projected ICU / Hospital course
- Contact information: Call triggers

Anesthesia Report | Attending, Fellow, CRNA, or Resident



- Significant medical history
 - Allergies / Code status / Weight used
- Anesthetic Course:
 - Airway Concerns
 - Medications: Last Paralytic & Reversal/ Antibiotics / Pain Medications / Other (pressors, anticoagulants, steroids, anti-emetics)
 - Input: Fluids & Blood Products
 - Output: Est. Blood Loss & Urine output
 - Labs: Last ABG / Hgb / Blood glucose
 - Lines & Access: Placement challenges?
- Current State & Anticipatory Guidance:
 - Neurologic Status: Baseline status?
 - Pain / Sedation Management
 - Ventilation / Oxygenation status
 - Hemodynamic stability
 - Current infusions
 - Blood product availability?
 - Medications given during transport?
- Contact information

Critical Care Team | ICU RN & ICU MD representative



- Open discussion with questions and/or clarifications:
 - Unique patient details
 - "Readback": summarize immediate plan of care, prioritize clinical concerns & management plans
 - Exchange contact information & call triggers
- Confirm ICU orders placed



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HANDOFF COMPLETE

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HANDOFF TOOL | V3 5.2019

1. Introductions of Providers
2. Surgical Report
3. Anesthesia Report
4. ICU Providers clarify care priorities and immediate plan of care
5. Opportunity for questions & exchange of contact information



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What is needed from the surgery team?

- 1. Communicate ICU needs as early as possible (ideally >1hr in advance)**
 - Place “Admit to ICU (must specify which ICU – i.e. PICU, 7ICU, etc)” order if you know the patient is going to the ICU at the beginning of the case
 - Ask circulating nurse to place bed request order if ICU needs are realized during the case (at least 1-2 hours before the end of the case, if possible)
 - 2. Place surgical orders (drain, wound, diet, weight bearing)**
 - These orders must be placed by the surgery team for all patients
 - If the ICU team is unavailable to place the rest of the admission orders (i.e. in the rare circumstance that they cannot be at the signout), the surgery resident must place **all** the ICU admission orders
 - 3. Operating resident/fellow transports patient to ICU and participates in handoff**
 - If it is a combo case with another surgery team and you are the first team to finish – (1) call the ICU when you are done to signout, (2) write all instructions in brief op note, (3) the team will call you to come to the ICU at the end of the case if you are available
- ** This process should still occur if your patient is going to the PACU before the ICU**

Implementation Plan

- June 3, 2019 (Monday) – Start process at Reagan
- June 17, 2019 – Start process at SMH

Please email
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with any questions, comments, or feedback





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