OR-ICU HANDOFF INFORMATION- UC Davis Children's Hospital
Provider Reference Card / PCG Version

PRE-OP: ICU TO ANESTHESIA HANDOFF PROCESS

ICU Attending

STEP 1: 7am ICU attending to review overnight events and then to call Anesthesiologist
- Obtain name of Anesthesiologist via OR Schedule in EPIC, and call via VOCERA directly to attending
- If name of the Anesthesiologist is unknown, may call *Board Runner* phone (Active M-F 7am- End of daily service) or use *VOCERA* and call "Pediatric Anesthesia" (Active at 7am- End of daily service)
    - o   If no one is logged in, the call is diverted to the Pavilion OR main Desk
    - o   If the Anesthesiologist is unable to receive report, they will call you back. Do not leave messages on *VOCERA.*

STEP 2: Follow Pre-Op Handoff Template (see below)

EMERGENCY CASES:

Procedure in OR: follow same workflow as above.

Procedure in ICU: ICU Attending will meet Anesthesia Team at bedside and follow format of Handoff.

IMPORTANT NUMBERS

- ✶ CSC: *Board Runner* (Anesthesiologist) x-xxxx, OR Charge RN x-xxxx
- ✶ Pavilion Main OR Desk: x-xxxx
- ✶ NICU and PICU attendings on *VOCERA by "Neonatal Attending/PICU attending/Cardiac attending"*

PRE-OP Handoff:

INFORMATION TRANSFER:
(ICU Attending to Anesthesia Attending)
1. Name, Age, Dosing weight, Allergies
2. Primary Problems (why in ICU?)
3. Associated problems which might affect anesthetic metabolization?
4. Primary Procedure. Any Secondary Procedure (i.e., central line/PICC)
5. Respiratory Support (History of pHTN? Difficult intubations? Labile?)
6. Lines, Tubes, Drains (History of Difficult Access?)
7. Drips, Fluids, Medications (specifically antibiotics and steroids- time, frequency, and dose administered)
8. Most pertinent recent labs
9. Blood availability (confirm type and cross up to date) and Transfusion Goals
11. Overnight issues, concerns, and Name of ICU attending who will be accepting patient post op.
12. What type of Anesthesia is planned for the procedure? Post Op Pain control expectations?
13. Family/Social Issues, Additional Questions?

INTRA-OP Handoff:

A. ***OR RN to ICU RN call for "mini report"*** while in OR at procedure closing (20-30 minutes before arrival to ICU). Discuss if ICU RN will pick up patient in OR determined by acuity algorithm.

B. ***Anesthesia Attending call ICU attending for a brief report about stability of patient.*** Name of ICU attending accepting patient should have been discussed with anesthesia in the pre-op handoff.

C. ***If ICU nurse *NOT* picking up patient in OR, OR RN to call ICU nurse for "elevator call"*** as they are leaving OR for ICU.
   - Bedside Nurse to notify ICU attending and charge nurse
   - Bedside Nurse to request Helper Nurse to assist with settling patient in during handoff

D. ***If ICU nurse *IS* bringing patient up to ICU***, ICU nurse to call ICU attending and Charge Nurse to notify they are on way back to ICU.

- ***For Patient coming from PACU to ICU:*** At the end of the case: anesthesia and surgery attending will convey the same above structured information to the ICU attending via verbal communication.

POST-OP HANDOFF:

BEDSIDE HANDOFF TEAM: Attending Surgeon and/or Resident, Anesthesiologist & Resident, ICU Team (Attending, Fellow, Resident, APP, Bedside RN, RT).

A. PATIENT AND TECHNOLOGY TRANSFER:
1. Transfer Ventilation, Tubes, Lines, and Monitors
   (Ensure lines are checked- labeled, concentration, unclamped/clamped, etc).
2. Confirm ET tube tape and position.
3. Anesthesiologist maintains primary status of patient until handoff complete

B. TIME OUT: (Initiated by *ICU Attending/Fellow*)
1. **Confirm bedside nurse readiness and Ensure Patient stability before proceeding**
2. Everybody states their name and role.

C. SURGERY—INFORMATION TRANSFER:
1. Diagnosis and Operative procedure(s) performed
2. Unanticipated Events/Findings
3. Drains/Foley
4. Anticipated Post- Op Care needs
   - Special Monitoring (ex. NIRS, ICP)
   - Dressing/Wound Care/ Tube Instructions (ex. OGT to gravity, Chest tube to suction)
     o Who can change/replace dressings/wound care and frequency?
   - Antibiotics?
   - Diet Plan
   - Additional Information/Instruction (whom to call from surgery team if problems arise)

D. ANESTHESIA—INFORMATION TRANSFER:
1. Diagnosis and procedure(s) performed.
2. Current Vital signs and any instability in the OR?
3. Airway: If intubated at any point
- ETT size and depth
- Number of attempts, difficulty
- Current ventilator settings or support
- Any intra-op ventilation/oxygenation challenges or blood gases?
4. Lines (IV, art, central Lines), and Current Infusions
5. Medications given
   a. Pain meds and sedation including block/Local/Epidural- times given of last doses of meds
   b. Anticipated Pain control
   c. Vasopressors, Inotropes required for case, any current drips
   d. Antibiotics, last time given
6. EBL, Urine Output
7. Fluids, Blood products (Re-state transfusion goals)

E. ICU- PLAN AND DOCUMENTATION:
1. Questions for Anesthesia/Surgery regarding any particular care needs.
2. Respiratory/Ventilator/Extubation Plan
3. Sedation/Analgesia Plan
4. Parents Updated?

NOTES:
* Surgeons complete Procedure notes in Erecord
* NICU/PICU Team complete Post Op Note in ERecord: " .NICUPOSTOP" , PICU note TBD
* Anesthesia Details in EPIC: *Chart Review Surgery/Anes→ "Anesthesia Event"* Record

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