

# Handoff Communications



Patient Label

## HANDOFF COMMUNICATION

Complete on all patients going to surgery or procedure Reason for Procedure \_\_\_\_\_

**S**  Cardiac Cath  Medical Imaging (Angio, CT, US, Nuc Med, MRI)  Pediatric Outpatient Treatment Center  
 Dialysis  Outpatient Treatment Center  Unit \_\_\_\_\_  
 Endoscopy  OR/CVOR

**B** Date: \_\_\_/\_\_\_/\_\_\_ Unit Sending Patient: \_\_\_\_\_ Unit Patient to Return To Post Procedure: \_\_\_\_\_  
 Primary RN \_\_\_\_\_ Name patient prefers to be called: \_\_\_\_\_  
 Nursing Physical Assessment completed   
 Level of Consciousness:  oriented  cooperative  anxious  uncooperative  confused  other: \_\_\_\_\_  
 Pain assessment: Pain level \_\_\_\_\_ Scale Used \_\_\_\_\_ Pain goal: \_\_\_\_\_  
 Last dose pain medication \_\_\_\_\_ Medication Reconciliation Complete  yes

Spouse/Significant Other with patient:  Yes  No Name \_\_\_\_\_ Location: \_\_\_\_\_

Vitals (to be done within the hour prior to leaving unit):  
 Time: \_\_\_\_\_ Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ Respirations \_\_\_\_\_ Blood Pressure \_\_\_\_\_ O<sub>2</sub>Sat \_\_\_\_\_ Room at/O<sub>2</sub> \_\_\_\_\_ Vmin  
 NPO status: Time of last oral intake of clears: \_\_\_\_\_ solids (including milk products): \_\_\_\_\_  
 Pre-Procedure Meds: Ordered  No  Yes Given  No  Yes, see MAR Prep Complete  no  yes  
 Recent Weight \_\_\_\_\_ kg  actual Ht \_\_\_\_\_ cm

Consents signed:  surgery/procedural  anesthesia/sedation  blood  sterilization

	ordered		results on chart			ordered		results on chart			
	Yes	No	NA	Yes	No	Yes	No	NA	Yes	No	
CBC						UA					
CMP						12 Lead EKG					
PT/INR/PTT						Chest X-ray					
Type & Cross						Blood Sugar					
HCG											

Abnormal results?  No  Yes If Yes, Physician notified: \_\_\_\_\_ Time notified: \_\_\_\_\_ Notified by: \_\_\_\_\_  
 Orders Received?  No  Yes If Yes, See Orders

In chart:  History and Physical  MAR  MRI checklist  
 Pre-operative notes  Allergy Sheet  Contrast Form  
 Conditions of Admission  PCMP  
 RN flowsheet/progress notes

For patients receiving bowel prep: Results clear?  yes  no

\*\*\*\*\* Also complete this section if going to surgery \*\*\*\*\*

Jewelry removed	Yes	No	NA	Denture cup labeled and sent to pre-op		Yes	No	NA
Prosthesis removed	Yes	No	NA	Pneumatic/therapeutic hose on				
Dentures removed	Yes	No	NA	patient to Pre-Op (if ordered)		Yes	No	NA
Contacts removed	Yes	No	NA	Pre-Operative Incentive Spirometer Reading:				
Glasses removed	Yes	No	NA	Time of Last Void:				
Skin prep done	Yes	No	NA	<input type="checkbox"/> Diaper <input type="checkbox"/> Foley <input type="checkbox"/> Bedpan <input type="checkbox"/> Bathroom Privileges <input type="checkbox"/> Incontinent				

\*\*\*\*\* Also complete for Cardiovascular Patients \*\*\*\*\*

1st shower \_\_\_\_\_  
 2nd shower with clipping (less than 4 hours from OR time) \_\_\_\_\_

**A** Patient ready for transfer   
 Patient transferring for intervention

**R** Accompanied by  transporter  nurse  nurse & monitor  
 Transported via:  cart  wheelchair  bed  ambulatory  
 Report called to \_\_\_\_\_ at \_\_\_\_\_ Report faxed to \_\_\_\_\_ to ext \_\_\_\_\_  
 Please call \_\_\_\_\_ at ext. \_\_\_\_\_ for any questions.  
 Signature(e) of Staff Sending Patient \_\_\_\_\_  
 Signature of Pre-op/Procedural Staff receiving patient \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Comments: \_\_\_\_\_

S: Situation B: Background A: Assessment R: Recommendation



05-0372 (10/06)

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<b>S</b>	<b>Patient ID Label Here</b>		<b>Surgeon: Procedure:</b>	<b>Procedure:</b>
			NPO Status: Ht/Wt: Site Marked:	Anesthesia Type: General – Epidural – Spinal – Local – MAC Other:
<b>B</b>	<b>History: (circle) Other:</b>	Neuro – Seizures - DM – Cardiac Dz – Dysrhythmia – HTN – Resp Dz – Asthma – Renal Dz – Liver Dz – Malignant Hyperthermia		
	<b>Allergies:</b>	MRSA – VRE – TB - Other:		
	<b>Isolation (circle)</b>	/ Personal Belongings:		
	<b>Cultural/Interpreter:</b>	Contact #:		
	<b>Family Contact Info:</b>	Location: Waiting Room – Unavailable	PSA →	OR → PACU/ASU/CCU
		ASU →		
<b>A</b>	T/HR/BP/RR/SaO2:			
	Skin:			
	Neuro:			
	Pulmonary:			
	Cardio/Rhythm/PV:			
	Gastrointestinal:			
	GU/Cath/Drains:			Circle: Foley – CBI - JPx - Hmvac – Other:
	Dressings:			
	Musculoskeletal:			
	Pain:			
	Epidural/Block:			
	IV Site & IVF LTC:	Site: LTC:	Site: LTC:	Site: LTC:
	Lines (CVL, A-Line):	I= O=	I= O=	I= O=
	Intake/Output & EBL:			
Meds/Reversal Given:				
<b>R</b>	Infusions:	Given: Needs:	Given: Needs:	Given: Needs:
	Blood Given/Needed:			
	Abn Labs & Last BS:	BS=	BS=	BS=
	BetaBlocker Protocol:	Yes No N/A	Yes No N/A	Yes No N/A
	DVT Protocol:	Yes No N/A	Yes No N/A	Yes No N/A
	Other:			
	Special Equipment:			
	Acute Orders:			
	Unexpected Events:			
	Post Op Destination:	ASU CCU Floor	ASU CCU Floor	ASU# CCU # Floor Room #
	Meds (Antibx) needed			

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