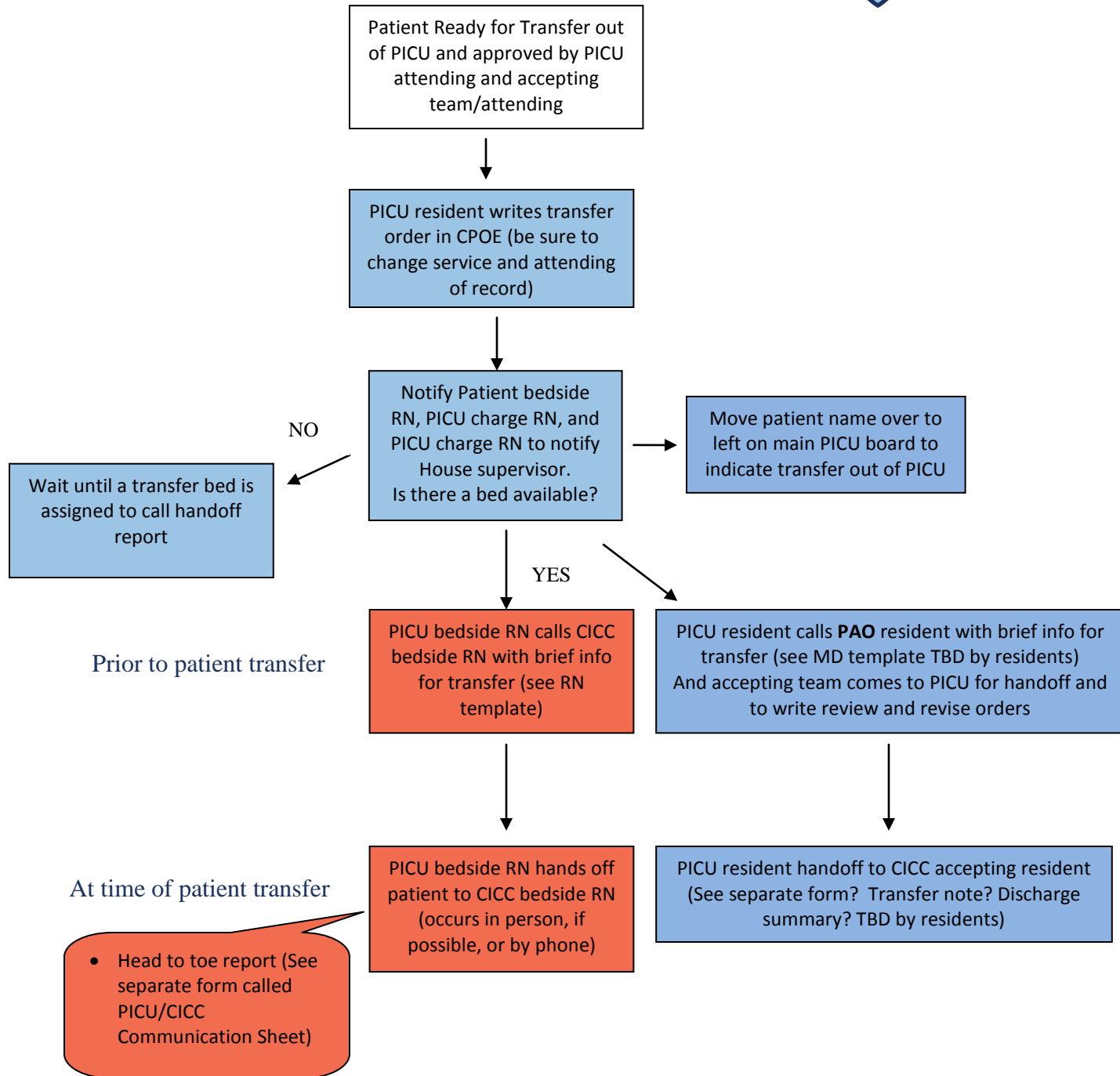


PICU to CICC (Cardiology Service Patients) Transfer Process



This form is to be used for nurse handoff with all patients transferring between PICU and CICC

Patient Bar Code Label

Transferring/Receiving RN & Number:

PICU/CICC Communication Sheet

Situation

Age:	Dry Weight:	Current Weight:	Attending / Service:
Diagnosis:		Social/family location:	
Procedures (dates):		Cultural:	
		English Speaking: Y N	
Bypass Time:		Cross Clamp Time:	

Background

Medical History:	Newborn Screen Sent: Y N	Isolation	Allergies:
	Hearing Screen: Y N		

Assessment

Neuro / HEENT:			
Respiratory:		Trach Size:	
Oxygen/device/FIO2:	Extubaton Date:	Sxn Cath Size/Depth:	
		Spare at Bedside: Y N	
CV:		Pacemaker settings:	
GI / GU:		Diet:	
NG / OG / G-tube / Foley	Last Void:	Last fed:	
Skin / Wound / Dressing / Tubes / Drains:			
VS (range):		IV Lines / Fluids:	
Meds due within 2 hours post-transfer:			
Last Pain / PRN Medication & Time:			

Recommendation

Plan of Care / Teaching:

Question(s)

Active Orders Reconciled with MAR: Y N	(Changes needed? Contact MD)
Transfer Order Written: Y N	
Reviewed & Revised: Y N	
Admission Assessment Complete: Y N	Meds / Formula / Breast Milk / Equipt / Armband / Chart / Pt Belongings/
TICKER Pathway: Y N	

PICU to CICC Handoff (Post-operative Cardiac)



*Ideally done at bedside between PICU resident and PAO/intern team

Illness Severity	Stable, watcher, unstable	Stable for transfer to CICC
Patient Summary	<p>Summary statement</p> <p>Pertinent head to toe description of hospital course and current assessment and plan:</p> <p>Neuro/Sedation</p> <p>Cardiac</p> <p>Respiratory</p> <p>FEN/GI</p> <p>Renal</p> <p>ID</p> <p>Heme</p> <p>Endo</p> <p>Lines/tubes/access (IV, central line, chest tubes, wires)</p> <p>Social</p>	<p>MA is a 4 mo F POD #2 s/p uncomplicated VSD repair. She was growing well and was only on once daily lasix at time of admission. She has had a stable postoperative course.</p> <p>Neuro/Sedation: She required IV precedex, morphine and Toradol for postoperative pain control. She is now comfortable with scheduled po acetaminophen and prn oxycodone.</p> <p>Cardiac: Perimembranous VSD with uncomplicated patch repair. Bypass time 45 min, cross-clamp 65 min. No issues with arrhythmias postoperatively, EKGs reassuring. Postoperative ECHO today with good function, no residual VSD.</p> <p>Respiratory: Easy mask and intubation in OR. Extubated shortly after arrival to PICU to 2 L NC, still requiring 0.5 L NC but breathing comfortably. CXR this morning with mild pulmonary edema, has repeat in the morning.</p> <p>FEN/GI: Started clears on POD#0, now advanced to full diet and taking formula well. Has KVO IVF through PIV. Off famotidine prophylaxis.</p> <p>Renal: Furosemide 1 mg/kg IV q 8 started evening of POD#0 with good diuresis. We transitioned her to 1 mg/kg po q 8 this morning. AM chemistry to follow electrolytes.</p> <p>ID: Postoperative Cefuroxime was given x 48 hr. She has been afebrile with no further issues.</p> <p>Heme: Required pRBC intraoperatively. Since then Hgb, plt stable on daily CBCs. Goal Hgb 10 and plt 50. Has CBC for the morning.</p> <p>Endo: no issues</p> <p>Lines/tubes/access: Chest tubes, foley and wires removed on POD#1. A-line and IJ were removed today. She has 2 PIVs now.</p> <p>Social: Family at bedside throughout, aware of transfer.</p>
Action List	<p>To do list</p> <p>Time line and ownership</p>	<p>AM CXR, chemistry, CBC</p> <p>Wean FiO2</p> <p>F/u I/O after change in Lasix</p>
Situation Awareness & Contingency Planning	<p>Plan for what might happen</p>	<p>If positive or increasing FiO2, consider extra IV Lasix & CXR</p>
Synthesis by Receiver	<p>Receiver summarizes</p> <p>Asks questions</p> <p>Restates key action/to do items</p>	<p>So MA is POD#2 s/p routine VSD repair. She is on 0.5 L NC which is weaning and has a CXR in the am. Her Lasix was weaned IV to po today so we will follow her I/Os and get a chemistry in the am. She has Tylenol and oxycodone for pain control. Sounds like all other systems are stable.</p>