NICU to PICU Transfer Process Patient born with congenital heart defect Initial cardiology consult & echo confirm need for surgery likely during hospitalization Patient name NICU fellow phone calls PICU Lesion fellow phone with heads up Gestational age about patient Weight NCCC team color NICU Charge RN calls PICU PICU Charge RN puts name Charge RN to notify of on admission board for next Evening prior to transfer transfer next day morning brief at 7:30 AM Situation: GA, DOL, wt & lesion/surgical plan NICU fellow phone calls Background: recent Echo findings After NICU morning brief PICU fellow phone & other diagnostic tests (HUS, regarding transfer at 8:15 AM RUS, karyotype) Assessment: access, meds Recommendation: HCM: NBS, bili, Hep B NICU bedside RN calls PICU Questions One hour prior to transfer bedside RN with info for transfer Head to toe report (See separate form called NICU/PICU NICU bedside RN hands off At time of patient transfer **Communication Sheet)** patient to PICU bedside RN Any changes since phone handoff Patient intubated? Yes NICU physician/ practitioner travels with NICU physician/ patient and hands off to practitioner calls PICU PICU physician physician to hand off patient For patients returning to NICU following PICU stay: Start the same handoff process from PICU evening prior to transfer Nurse handoff should use same NICU/PICU communication Project TICKER is funded by a grant from the Agency for Healthcare Research and Quality (AHRQ), award number R18 HS019638 Fellow handoff should use SBARQ format Draft Version 4, Revised 5/16/12 If patient is intubated, PICU physician travels with patient

This form is to be used for nurse handoff with all patients transferring between NICU and PICU $\,$

Patient Bar Code Label

Transferring/Receiving RN & Number:		NICU/PICU Communication Sheet					
Situation							
GA: DOL:	Weight:	Length:	Attending / Service:				
Diagnosis:			Social/family location:				
Procedures (dates):			Names: Phone #s:				
Cultural:	N DSS: Y N Explain:						
		Backs	ground				
Medical History/Maternal History:			Newborn Screen Sent	Y N	Hepatitis B #1 Date given:	Allergies:	
			Isolation:				
		Asses	ssment				
Neuro / HEENT:							
Respiratory: Vent:			Settings:				
Oxygen/device/FIO2: Trach/Size:			Spare at bedside: Y N Sx Cath Size/Depth:				
CV:							
GI / GU:			Diet:				
NG / OG / G-tube / Foley Last Void:			Last fed:				
Skin / Wound / Dress	sing / Tubes / Drains:						
VS (range):			IV Lines / Fluids:				
N. 1. 1							
Meds due within 2 ho							
Last Pain / PRN Med	ication & Time:						
		Recomn	nendation				
Plan of Care / Teachi	ng:						
		Ques	tion(s)				
Active Orders Recon	(Changes needed?	Contact M	MD)				
Admission Assessme	Admission Assessment Complete: Y N Meds / Formula / Breast Milk / Equipt / Armband / Chart / Pt Belongings						