

OR to ICU Handoff Tool

	Team Member	Activity	Template(s) or Information
1.	OR Circulating Nurse	1 st call (phone report) to ICU is placed at closing/first count, approximately 30 min to 1 hour prior to ICU arrival	<input type="checkbox"/> Patient name, age, sex, weight <input type="checkbox"/> Allergies <input type="checkbox"/> Surgical procedure <input type="checkbox"/> Estimated arrival to ICU <input type="checkbox"/> Need for ventilator <input type="checkbox"/> Drains, tubes, vacs <input type="checkbox"/> Special issues or concerns
2.	ICU Nurse & OR Tech	Bed & ICU portable monitor sent to OR	
3.	OR Circulating Nurse	Rolling call is made to alert ICU of immediate transport status.	<input type="checkbox"/> Armband must be in place
4.	HUC	Rolling call announced overhead in ICU	
5.	Anesthesia and Surgery provider	Transport patient to ICU	

Handoff Team consists of: Anesthesia and surgery provider involved in case, ICU team, RT, bedside nurse assemble in room
 On arrival, ICU portable monitor connected to room monitor (no lead/line changes needed).

Follow Checklist in ICU room to complete signout below

***If multiple surgical teams involved**, the non-transporting surgical team must CALL ICU nurse taking care of patient, with RT (if ventilated) and the ICU provider to provide signout on specific surgical history and concerns at completion of case and provide service contact information.

***If PACU or ICU HOLD:**

-Surgical Team must CALL ICU charge nurse with RT (if ventilated) and provider to provide signout on specific surgical history and concerns at completion of case and provide service contact information.

-Primary Anesthesia team must CALL ICU to provide signout as above if handing off care to alternate transporting team.
 Transporting team must provide updates at bedside in ICU.

5.	Surgical Team Member involved in case	Once RT has transferred to ventilator and Anesthesia Provider confirms stable airway and vital signs, ask if all members* are present & ready for report? If yes, begin. *Members include anesthesia provider, surgical attending/fellow/resident, ICU receiving/primary nurse and member of the ICU team.	<input type="checkbox"/> Patient name, age, diagnosis <input type="checkbox"/> Surgical procedure/Incisions <input type="checkbox"/> Drains, tubes, vacs settings and care plan <input type="checkbox"/> Surgery-specific MAP/ICP goals/neurovascular chks <input type="checkbox"/> Equipment needs <input type="checkbox"/> Postop concerns (labs, imaging, wound care, mobility restrictions, VTE proph, feeding status) <input type="checkbox"/> Additional issues or concerns <input type="checkbox"/> NOK info/Code status <input type="checkbox"/> Surgical Primary Contact Information
6.	Anesthesia Provider	Anesthesia Provider Report	<input type="checkbox"/> Weight, allergies <input type="checkbox"/> Relevant medical history not already mentioned <input type="checkbox"/> ERAS protocol, if applicable <input type="checkbox"/> Airway/vent <input type="checkbox"/> I&Os, EBL, IV Access <input type="checkbox"/> Medications given, current infusions <input type="checkbox"/> MAP goals if not specific per surgery team <input type="checkbox"/> Intra-operative issues not already mentioned <input type="checkbox"/> Postop concerns (pain mngt, labs, airway) <input type="checkbox"/> Review pumps/infusions with primary nurse
7.	All team members	Express questions and concerns	

Note: The anesthesia team is responsible for patient care until the handoff is complete. After all questions, clarifications, and concerns are addressed, the ICU team accepts responsibility for the patient.

Note: Submit SAFE report if process is not followed as outlined above and/or escalate through local leadership.