



	Team Member	Activity	Note(s)
1.	OR Circulating Nurse	1 <sup>st</sup> call to PCICU	<ul style="list-style-type: none"> <li>Placed ~1 hour prior to PCICU arrival</li> <li>First report made from OR circulating nurse to PCICU receiving nurse</li> <li>Confirm procedure, dosing weight, current infusions, and respiratory support</li> </ul>
2.	OR Circulating Nurse	Rolling call	<ul style="list-style-type: none"> <li>Alert PCICU of immediate transport of the patient out of the OR</li> <li>PCICU HUC / NA to page Cardiologist</li> </ul>
<p style="text-align: center;">-----Anesthesia provider and a member of the operative team transport patient to PCICU-----</p> <p style="text-align: center;">Patient is placed on PCICU monitors / respiratory support / CTs to suction</p> <p style="text-align: center;">* Ensure patient stability PRIOR to initiating handoff *</p>			
3.	Pediatric Cardiac Anesthesia Provider	Anesthesia Signout	<ul style="list-style-type: none"> <li>First verify patient stability and presence of all team members, confirm readiness for handoff</li> <li>Team members include Anesthesia, CT Surgery, PCICU RN, RT, and PCICU Providers (MD/NP)</li> <li>Anesthesia to complete and utilize “Pediatric CT Surgery OR to PCICU Report Sheet” and give to receiving provider</li> </ul>
4.	CT Surgeon/PA	Surgical Signout	<ul style="list-style-type: none"> <li>Procedure performed</li> <li>Specific goals and considerations</li> </ul>
5.	PCICU Care Team	Transfer of Care	<ul style="list-style-type: none"> <li>All team members provided opportunity to ask questions, clarifications, and concerns</li> <li>Receiving team assumes patient responsibility</li> </ul>
6.	All team members	OR to PCICU Handoff Checklist	<ul style="list-style-type: none"> <li>Ensure completion of the <i>OR to PCICU Handoff Checklist</i> prior to finishing handoff</li> </ul>
<p><b>Note: The anesthesia team is responsible for patient care until the handoff is complete. After all questions, clarifications, and concerns are addressed, the PCICU team accepts patient responsibility.</b></p>			

Disclaimer (1) This is a general guideline and does not represent a professional care standard. Care should be revised and individualized to meet individual patient needs. (2) This is a quality improvement document and should not be a part of the patient's medical record



Diagnosis	Procedure	Wt: _____ kg Age: _____
PMH		

**INDUCTION**

Meds:	Mask: easy / hard DL/VL View: _____ Blade: _____	ETT: nasal / oral Size: _____ Depth: _____	CVC: _____ PIV: _____ A-line: _____ PIV: _____ Other: _____
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**ANESTHESIA DETAILS**

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**BYPASS TIMES**

CPB start: _____ end: _____ TOTAL CPB: _____ min	XC start: _____ end: _____ TOTAL XC: _____ min	Circ arrest: _____ min
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**INFUSIONS**

Epinephrine: _____ mcg/kg/min	Vasopressin: _____ mcg/kg/min	Precedex: _____ mcg/kg/hr
Milrinone: _____ mcg/kg/min	Phenylephrine: _____ mcg/kg/min	Fentanyl: _____ mcg/kg/hr
Dopamine: _____ mcg/kg/min	Nicardipine: _____ mcg/kg/min	CaCl: _____ mcg/kg/hr

**WIRES/CTs**

Arrhythmias? _____ Pacing? Y / N Mode: _____ Rate: _____	Wires: A: capture _____ set to _____ V: capture _____ set to _____	CT1: _____ CT2: _____ CT3: _____
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**INS/OUTS**

Crystalloid: _____ Colloid: _____ pRBCs: _____	FFP: _____ Cryo: _____ Platelets: _____	Blood processed: _____ Blood returned: _____ UOP: _____
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**MEDICATIONS**

Cefurox: _____ at _____ Tylenol: _____ at _____ Lasix: _____ at _____	NMB: _____ last at _____ Opioid: _____ last at _____ PNB: _____	Other:
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**SURGICAL SIGNOUT DETAILS**

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**POST-OP PARAMETERS**

BP:	HR:	Temp:		
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- ☐ CT surgery team to set up chest tubes and place to suction, prior to beginning handoff
- ☐ PCICU bedside nurse and cardiac anesthesia to review, verify, and sign off continuous infusions
- ☐ PCICU RN to note total chest tube output that is present upon arrival and document in flowsheet with a comment “from OR” (please document OR output *separately* from the 1<sup>st</sup> and 2<sup>nd</sup> hours of output)
- ☐ Pediatric cardiac anesthesiologist and/or cardiologist to interrogate pacing wires and set appropriate pacer settings including backup mode, rate, output, and sensitivity
- ☐ PCICU provider to review plan of care and specific postop concerns or considerations with RN/RT
- ☐ Provider to ensure appropriate dosing weight entered with medications ordered appropriately
- ☐ Print appropriate pathways or protocols if applicable to patient
- ☐ RN to hang “sternal precautions” sign at HOB with appropriate date listed (6 weeks from sternotomy)
- ☐ Provider to add sternal precautions end date (6 weeks from sternotomy) into activity order and H&P

Additional Notes: