

UNC Pediatric CT Surgery - OR to PCICU Handoff Process



Team Member	Activity	Note(s)
1. OR Circulating Nurse	1 st call to PCICU	<ul style="list-style-type: none"> Placed ~1 hour prior to PCICU arrival First report made from OR circulating nurse to PCICU receiving nurse Confirm procedure, dosing weight, current infusions, and respiratory support
2. OR Circulating Nurse	Rolling call	<ul style="list-style-type: none"> Alert PCICU of immediate transport of the patient out of the OR PCICU HUC / NA to page Cardiologist

-----Anesthesia provider and a member of the operative team transport patient to PCICU-----

Patient is placed on PCICU monitors / respiratory support / CTs to suction

* Ensure patient stability PRIOR to initiating handoff *

3.	Pediatric Cardiac Anesthesia Provider	Anesthesia Signout	<ul style="list-style-type: none"> First verify patient stability and presence of all team members, confirm readiness for handoff Team members include Anesthesia, CT Surgery, PCICU RN, RT, and PCICU Providers (MD/NP) Anesthesia to complete and utilize “Pediatric CT Surgery OR to PCICU Report Sheet” and give to receiving provider
4.	CT Surgeon/PA	Surgical Signout	<ul style="list-style-type: none"> Procedure performed Specific goals and considerations
5.	PCICU Care Team	Transfer of Care	<ul style="list-style-type: none"> All team members provided opportunity to ask questions, clarifications, and concerns Receiving team assumes patient responsibility
6.	All team members	OR to PCICU Handoff Checklist	<ul style="list-style-type: none"> Ensure completion of the <i>OR to PCICU Handoff Checklist</i> prior to finishing handoff

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.

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: _____ A-line: _____ Other: _____	PIV: _____ PIV: _____
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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 Milrinone: _____ mcg/kg/min Dopamine: _____ mcg/kg/min	Vasopressin: _____ mcg/kg/min Phenylephrine: _____ mcg/kg/min Nicardipine: _____ mcg/kg/min	Precedex: _____ mcg/kg/hr Fentanyl: _____ mcg/kg/hr CaCl: _____ mcg/kg/hr
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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

Crystallloid: _____ 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 1st and 2nd 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: