

PCICU Handoff Tool				
Patient name:  (Patient sticker)	Age:	Sex:	Ht:	Isolation:
			Dosing Wt:	Allergies:
Admitting Dx/ Chief Complaint:		Safety needs: (Falls, seizure, suction, positioning)		
Patient summary: (procedures, surgeries, treatments)				
Last Vital signs:  HR _____ RR _____ BP _____ Sat _____ Temp _____ Last I/O balance: _____ MNWS _____				
Goal O2 Saturation:				
Pertinent Findings:  Neuro:  CV:  Resp:  GI/GU:  Skin/Wounds:	Sternal Precautions:  IV Access:  IVF/Rate: _____ Total Fluids: _____  Feeding: _____			
Pain Management:		Withdrawal management:		
Patient/ Family Education:  ____ Central Line      ____ O2 Saturation ____ Perfusion      ____ Medications ____ Feeding Plan      ____ Care Plan		Labs:  Family/ Social:  Social work engaged: Yes _____ No _____		
Outstanding Orders, Test, Tasks:  (Review of electronic orders)		<ul style="list-style-type: none"> <li><input type="radio"/> Family notified</li> <li><input type="radio"/> Medication reconciliation</li> <li><input type="radio"/> Patient belongings transferred (meds, etc)</li> <li><input type="radio"/> Nursing leadership communication</li> </ul>		

**DID YOU FILL OUT THE HANDOFF TOOL? Scan the following QR code (BOTH PCICU RN & 5CH RN).**

