

PCICU Handoff Tool				
Patient name: (Patient sticker)	Age:	Sex:	Ht:	Isolation:
			Dosing Wt:	Allergies:
Admitting Dx/ Chief Compliant:		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: <i>(Review of electronic orders)</i>		<input type="checkbox"/> Family notified <input type="checkbox"/> Medication reconciliation <input type="checkbox"/> Patient belongings transferred (meds, etc) <input type="checkbox"/> Nursing leadership communication		

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

