

OR to ICU BEDSIDE HANDOFF CHECKLIST

Safely begins with **U**

Introductions | ICU RN & ICU MD representative



- Patient stabilized, technology transferred, all other conversations & distractions stopped
- Confirm patient with 2 patient identifiers
- All team members introduce themselves by name & role

Surgeon Report | Attending, Fellow, or Resident



- Relevant Medical History
- Surgical Course: Procedure performed, reason for procedure, & important events
- Post-Op Management Plan:
 - Hemodynamic Parameters: MAP / SBP / ICP
 - Fluid goals & transfusion triggers
 - Lines/ Drains/ Tubes
 - Dressings and/or wound care
 - Diet
 - VTE prophylaxis and/or anticoagulants
 - Other medications: (e.g. Immunosuppressants)
 - Mobility: (i.e. Weight bearing restrictions)
- Family update: Primary contact & last update
- Length of stay: Projected ICU / Hospital course
- Contact information & call triggers

Anesthesia Report | Attending, Fellow, CRNA, or Resident



- Significant Medical History
 - Allergies / Code status / Weight
- Anesthetic Course:
 - Airway Concerns
 - Medications: Last Paralytic & Reversal/ Antibiotics / Pain Medications / Other (pressors, anticoagulants, steroids, anti-emetics)
 - Input: Fluids & Blood Products
 - Output: Est. Blood Loss & Urine output
 - Labs: Last ABG / Hgb / Blood glucose
 - Lines & Access: Placement challenges?
- Current State & Anticipatory Guidance:
 - Neurologic Status: Baseline status?
 - Pain / Sedation Management
 - Respiratory Status: Vent settings
 - Hemodynamic Stability
 - Current Infusions: Verify wt source
 - Blood Product availability
 - Medications given during transport?
- Contact information

Critical Care Team | ICU RN & ICU MD representative



- Open discussion with questions and/or clarifications:
 - Unique patient details: (e.g. pathways / research protocols)
 - "Readback": Summarize immediate plan of care, prioritize clinical concerns & management plans
 - Confirm contact information & call triggers
- Confirm ICU orders placed

Announce
HANDOFF COMPLETE

Icu Transfer Checklist Template

Sonja Stutzman



Icu Transfer Checklist Template:

Transitions of Care for Patients with Neurological Diagnoses Sonja Stutzman, 2019-08-02 In collaboration with Consulting Editor Dr Steve Krau Dr Sonja Stutzman has put together a state of the art issue of the Nursing Clinics of North America devoted to Transitions of Care for Patients with Neurological Diagnoses Clinical review articles from expert authors are specifically devoted to the following topics Transition from EMS to ED Transition from ED to Hospital Transition from OR to ICU Transition from ICU to Floor Transition from Hospital to Rehab Nurse Navigator Transition from Rehab to Home Transition from Hospital to Home Transition Trajectory Stroke Transition Trajectory TBI Transition Trajectory Seizure Disorder Transaction Trajectory Neurodegenerative Disease and International Perspectives of Transition Readers will come away with the latest information they need to improve outcomes in patients with a neurologic diagnosis as they transition through various facilities as part of their care

Critical Care of COVID-19 in the Emergency Department Joseph R. Shiber, 2021-11-17 This book functions as a comprehensive manual for emergency care providers who are treating critically ill COVID 19 patients Beginning with an overview of the COVID 19 infection and an examination of the patients who received critical care from hospital emergency departments around the country this book provides clinicians with a guide to best practices in everything from personal protection while deploying critical care to COVID 19 patients to evaluation and diagnosis of the illness Subsequent chapters break down care of various comorbidities seen in COVID 19 patients and the care offered to patients suffering from the illness in a multitude of ways Closing chapters examine how emergency departments can best prepare for potential surges in COVID 19 patients as the illness continues to develop providing important information on how to best protect hospital employees and best care for future patients in a constantly shifting landscape Due to the rapid onset of the illness and strong hold the pandemic had on the lives and careers of healthcare professionals Critical Care of COVID 19 in the Emergency Department fills a critical gap in the literature available on this topic

Perioperative Critical Care Atul P Kulkarni, JV Divatia, J. V. Divatia, Sohan Lal Solanki, 2020-11-30 Perioperative care is the care that is given before and after surgery This textbook is a complete guide to the anaesthetic and critical care management of patients undergoing complex surgeries in all organ systems of the body Topics cover all age groups neonates children and adults Divided into 11 sections the book begins with a general overview of critical care in the perioperative period discussing airway management pain fluid and electrolyte therapy shock arterial blood gas analysis respiratory failure and mechanical ventilation and thromboembolism The following sections cover surgeries in different organ systems and patient groups cardiothoracic and vascular neurosciences paediatrics obstetrics and gynaecology gastrointestinal genitourinary orthopaedics head and neck and transplantation The final section explains selected miscellaneous topics including nutrition haemodynamic monitoring echocardiography renal replacement therapy and antibiotics Compiling 700 pages the comprehensive text is further enhanced by clinical photographs diagrams and tables Key points Comprehensive

guide to perioperative critical care in neonates children and adults Covers complex surgeries in all organ systems Includes discussion on imaging airway management and ventilation Highly illustrated with clinical photographs diagrams and tables

Critical Care Nursing Leanne Aitken, Andrea Marshall, Thomas Buckley, 2023-12-19 The internationally acclaimed text Critical Care Nursing is designed to support undergraduate and postgraduate students and critical care nurses in practice to develop the knowledge and skills necessary to deliver high quality patient care to contribute to improved patient outcomes The fifth edition has been fully updated with the latest evidence resources and tools designed to help you master a range of competencies from patient monitoring to delivering multidimensional interventions using complex lifesaving equipment and managing the deteriorating patient There is a focus on the scope and principles of practice quality and safety standards ethical considerations and increased support for nurses Highly regarded by clinicians and students around the world this book will encourage and challenge you to develop world class practice and ensure the delivery of the highest quality care Latest research technologies and care considerations collated by an internationally respected team of editors and contributors Case studies research vignettes and learning activities to support further learning Practice tips case studies and learning activities link theory to practice Endorsed by the Australian College of Critical Care Nurses ACCCN the peak professional organisation representing critical care nurses in Australia Accompanying adaptive quizzing to support students with assessment preparation Instructor resources on Evolve Case Study suggested responses Learning Activity suggested responses Additional Case Study answers Image Table Box collection Student and Instructor resources on Evolve Additional Case Studies

Evidence-Based Practice of Anesthesiology, E-Book Lee A. Fleisher, 2022-03-22 Addressing both routine and complex situations with practical decision making tools *Evidence Based Practice of Anesthesiology* 4th Edition helps anesthesiologists make sound decisions in everyday practice World renowned authority Dr Lee A Fleisher takes an evidence based approach to a variety of high impact topics related to effective perioperative patient management preoperative assessment monitoring and administration of anesthesia during surgery postoperative intensive care management and postoperative pain management The 4th Edition has been updated from cover to cover helping you make informed clinical decisions based on reliable up to date guidance in every aspect of patient care Explores important issues in perioperative management discussing the available options examining the relevant research and presenting practical recommendations Features concise to the point chapters with numerous quick reference tables for fast and effective decision making Includes decision trees throughout to provide visual guidance and a logical flow of key decision points Contains nine new chapters on how to identify patients at risk for postoperative neurocognitive disorder the best strategy for perioperative ACE and ARB agents emergency laparotomy optimal postoperative analgesia and the opiate naive patient the best method for perioperative handoffs myocardial injury after non cardiac surgery MINS and more Helps you master the current best practices you need to know for successful day to day practice and oral board review Enhanced eBook version included with purchase Your

enhanced eBook allows you to access all of the text figures and references from the book on a variety of devices The Continuum of Care Clinical Documentation Sourcebook Chris E. Stout, 1999-11-17 All the forms handouts and records you need to meet the paperwork requirements of the managed care era In an era of third party accountability your professional survival could hinge on your ability to comply with the documentation requirements of insurers and regulatory agencies Written by an experienced clinician who has trained thousands of mental health professionals in effective clinical documentation this sourcebook helps you minimize the potential for billing disputes or worse by arming you with the full retinue of required forms checklists and records An indispensable resource for mental health professionals working in inpatient partial hospitalization day treatment and or residential treatment programs The Continuum of Care Clinical Documentation Sourcebook is the only book that brings together sample documents covering all stages of treatment from intake and admission to outcome assessment Ready to use blank forms handouts and records make it easy to satisfy the paperwork demands of HMOs insurers and regulatory agencies Completed copies of forms illustrate the exact type of information required Clear concise explanations of the purpose of each form including when it should be used with whom and at what point Forms may be copied from the book or customized on the included disk

Augmentative Communication Strategies for Adults with Acute Or Chronic Medical Conditions David R. Beukelman, Kathryn L. Garrett, Kathryn M. Yorkston, 2007 This practical guidebook and CD ROM set gathers in one place everything professionals need to support and improve communication for adults with specific medical conditions Includes expert guidance on providing effective AAC services for people with a ran

Quality Improvement in Neurosurgery, An Issue of Neurosurgery Clinics of North America Andrew Parsa, 2015-06-03 The evidence based medicine movement is gaining influence in many medical specialties This issue will cover topics from patient safety in neurosurgery and medical errors to measuring outcomes for neurosurgical procedures

Healthcare Information Technology Exam Guide for CHTS and CAHIMS Certifications Kathleen A. McCormick, Brian Gugerty, John E. Mattison, 2017-09-15 The Complete Healthcare Information Technology Reference and Exam Guide Gain the skills and knowledge required to implement and support healthcare IT HIT systems in various clinical and healthcare business settings Health Information Technology Exam Guide for CHTS and CAHIMS Certifications prepares IT professionals to transition into HIT with coverage of topics ranging from health data standards to project management This new edition includes broadened security content in addition to coverage of disruptive innovations such as complex platforms that support big data genomics telemedicine mobile devices and consumers Learn about achieving true interoperability updates to HIPAA rules and FHIR and SMART standards This book is an invaluable reference for understanding what has come before and what trends are likely to shape the future The world of big data precision medicine genomics and telehealth require us to break old paradigms of architecture and functionality while not interrupting existing care processes and revenue cycles We re dealing with state sponsored cyberterrorism hacktivism and organized crime I

describe healthcare IT security as a cold war You ll hear from the experts who created many of the regulations and best practices we re using today to keep information private I hope you enjoy this book as much as I have and that it finds a place of importance on your book shelf From the Foreword by John D Halamka MD Chief Information Officer CAREGROUP Boston MA Coverage includes Healthcare and Information Technology in the United States Fundamentals of Healthcare Information Science Healthcare Information Standards and Regulation Implementing Managing and Maintaining Healthcare Information Technology Optimizing Healthcare Information Technology Making Healthcare Information Technology Private Secure and Confidential Electronic content includes Practice exams for CHTS and CAHIMS Secure PDF copy of the book **World Hospitals and Health Services** ,1994 *An Introductory Guide to EC Competition Law and Practice* Valentine Korah,1994 **Manual of Pediatric Nursing Careplans** Hospital for Sick Children. Department of Nursing,1979 **Government Reports Announcements & Index** ,1976 **The Organization of Critical Care** Damon C. Scales,Gordon D. Rubenfeld,2014-06-18 The origin of modern intensive care units ICUs has frequently been attributed to the widespread provision of mechanical ventilation within dedicated hospital areas during the 1952 Copenhagen polio epidemic However modern ICUs have developed to treat or monitor patients who have any severe life threatening disease or injury These patients receive specialized care and vital organ assistance such as mechanical ventilation cardiovascular support or hemodialysis ICU patients now typically occupy approximately 10% of inpatient acute care beds yet the structure and organization of these ICUs can be quite different across hospitals In *The Organization of Critical Care An Evidence Based Approach to Improving Quality* leaders provide a concise evidence based review of ICU organizational factors that have been associated with improved patient or other outcomes The topics covered are grouped according to four broad domains 1 the organization structure and staffing of an ICU 2 organizational approaches to improving quality of care in an ICU 3 integrating ICU care with other healthcare provided within the hospital and across the broader healthcare system and 4 international perspectives on critical care delivery Each chapter summarizes a different aspect of ICU organization and targets individual clinicians and healthcare decision makers A long overdue contribution to the field *The Organization of Critical Care An Evidence Based Approach to Improving Quality* is an indispensable guide for all clinicians and health administrators concerned with achieving state of the art outcomes for intensive care **Analyzing the Impact of Delays for Patient Transfers from the ICU to General Care Units** Sara A. Dolcetti,2015 Patients at Massachusetts General Hospital MGH face significant non clinical transfer delays out of adult intensive care units ICUs and into general care units In each of the years 2010 through to 2013 approximately 28% of MGH ICU patients experienced a transfer delay of over 12 hours Transfer delays from the ICU impact several aspects of a patient s hospital stay in that transfer delays i Increase the cost of the stay ii Increase ICU utilization iii May contribute to additional disruptions to patient flow such as congested access to the ICU from various locations in the hospital iv May have clinical implications given that delayed ICU access for

critically ill emergency department and operating room patients may affect the clinical care for these patients In addition to these impacts this study identifies a new additional impact that is central to this work This finding is that transfer delays from ICUs extend a patient s total hospital length of stay LOS Specifically our analyses show that patients spend approximately the same amount of time in the hospital after their ICU stay i e in a general care unit regardless of whether or not they were delayed in the ICU Essentially this implies that for each day a patient is delayed in the ICU an additional day is added to the patient s total LOS in the hospital For certain patients this additional amount of time which is added to the patient s LOS may be more than one day Note that this phenomenon accentuates the other adverse consequences outlined above since longer patient LOSs further increase congestion in units both in the ICUs themselves and in general care units and further impede access into ICUs disrupting patient care and increasing overall hospital costs This work studies non clinical transfer delays from ICUs and in doing so

- 1 Develops a methodology to identify and quantify the magnitude of non clinical transfer delays from ICUs
- 2 Estimates the impact that non clinical transfer delays from ICUs have on the total patient length of stay LOS
- 3 Identifies the reasons why delays in transfers from ICUs impact patient length of stay
- 4 Proposes potential interventions to reduce the impact that delays in transfers from ICUs have on hospital operations

Reducing Transfer Times of Patients Admitted to the Intensive Care Unit from the Emergency Department Kelsie Montgomery,2017

Background Communication failure between healthcare providers is the leading cause of sentinel events To emphasize the critical need to improve such communication TJC cited improving effectiveness of communication as one of the National Patient Safety Goals Handoff tools have been used to improve communication however in its review TJC found that over 1 3 of patient handoff tools that are currently used are defective Foreground Currently transfer times have been reported to be delayed at the facility Currently no standardized handoff tool exists for critically ill patients being admitted to the intensive care unit ICU from the emergency department ED EBP Framework Rosswurm and Larrabee s EBP model was used to guide the project in conjunction with Battey s Humanizing Nursing Communication Theory and Ethics of Humanizing Nursing Communication Methods The project manager held an educational in service for staff of the ED and ICU to educate about the revised hand off tool that was implemented Data was collected prior to implementation on current transfer times through TeleTracking the patient tracking software in place at the facility The revised transfer tool was implemented for one month During the month times were tracked weekly and at the end of one month time An overall comparison was done to evaluate effectiveness off the handoff tool Results were disseminated to staff during regularly scheduled staff meetings Feedback was gathered at that time from participants and anonymously via a suggestion box Data was analyzed with the help of clinical mentor Results The baseline data with a sample size of 963 admissions had a mean transfer time of 1 33 HH MM During the project implementation period there were 202 admissions which ended having an average time of 1 45 a 12 minute increase from the baseline sample When looking at the data by week the times decrease from week 1 compared to week 4 Using

MiniTab statistical software to compare week 1 times to week 4 no statistical difference was noted between the transfer times in week 1 and those in week 4 While no statistical difference was noted clinical significance was noted in comments from participants Conclusion The implementation of the hand off tool did not decrease transfer times Feedback gathered from the nursing staff included comments that the handoff report went more smoothly less clarifying questions had to be asked all pertinent information was given during the handoff and the verbal report was more organized *Memorandum: Process to Transfer Hospital Intensive Care Unit Patients When There is a Surge in Demand for ICU Beds* Elizabeth D. Kelley,2020 Hospital ICU Checklist John Kasprak,Saul Spigel,2007 Discusses an intensive care unit ICU checklist program developed by a Johns Hopkins physician Safety programs at Hopkins have resulted in decreases in medication mistakes the time a patient spends in ICU and bloodstream infections during hospitalizations **Clinical Antecedents of a Medical Emergency Team Response as Predictors of ICU Transfer** Carolyn L. Sanders,2008 A Geographic Investigation of a Critical Care Patient Transfer Network Yekaterina Vasilyeva,2017 The movement of critical care patients from areas of low treatment capacity to areas of specialized care has become a common practice with over half a million critical care patients being transferred between hospitals every year in the USA Despite the growing number of transfers and networks formed between hospitals to date there is a limited amount of evidence guiding this field especially when it comes to best practices regarding the efficient use of helicopter resources without compromise to patient outcomes While geography is central to devising a system that minimizes helicopter use and reduces any variation in patient outcomes the spatial component of critical care transportation has been commonly overlooked within this body of research In this thesis a geographical approach is used to analyze a critical care transfer network centered around Maryland It was found that the use of helicopters varies by hospital as a result of hospitals being located in varying proximity to the receiving facility Patient outcomes were found to be even throughout the network

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Table of Contents Icu Transfer Checklist Template

1. Understanding the eBook Icu Transfer Checklist Template
 - The Rise of Digital Reading Icu Transfer Checklist Template
 - Advantages of eBooks Over Traditional Books
2. Identifying Icu Transfer Checklist Template
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Icu Transfer Checklist Template
 - User-Friendly Interface
4. Exploring eBook Recommendations from Icu Transfer Checklist Template
 - Personalized Recommendations
 - Icu Transfer Checklist Template User Reviews and Ratings
 - Icu Transfer Checklist Template and Bestseller Lists
5. Accessing Icu Transfer Checklist Template Free and Paid eBooks
 - Icu Transfer Checklist Template Public Domain eBooks

- Icu Transfer Checklist Template eBook Subscription Services
- Icu Transfer Checklist Template Budget-Friendly Options
- 6. Navigating Icu Transfer Checklist Template eBook Formats
 - ePub, PDF, MOBI, and More
 - Icu Transfer Checklist Template Compatibility with Devices
 - Icu Transfer Checklist Template Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Icu Transfer Checklist Template
 - Highlighting and Note-Taking Icu Transfer Checklist Template
 - Interactive Elements Icu Transfer Checklist Template
- 8. Staying Engaged with Icu Transfer Checklist Template
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Icu Transfer Checklist Template
- 9. Balancing eBooks and Physical Books Icu Transfer Checklist Template
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Icu Transfer Checklist Template
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Icu Transfer Checklist Template
 - Setting Reading Goals Icu Transfer Checklist Template
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Icu Transfer Checklist Template
 - Fact-Checking eBook Content of Icu Transfer Checklist Template
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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