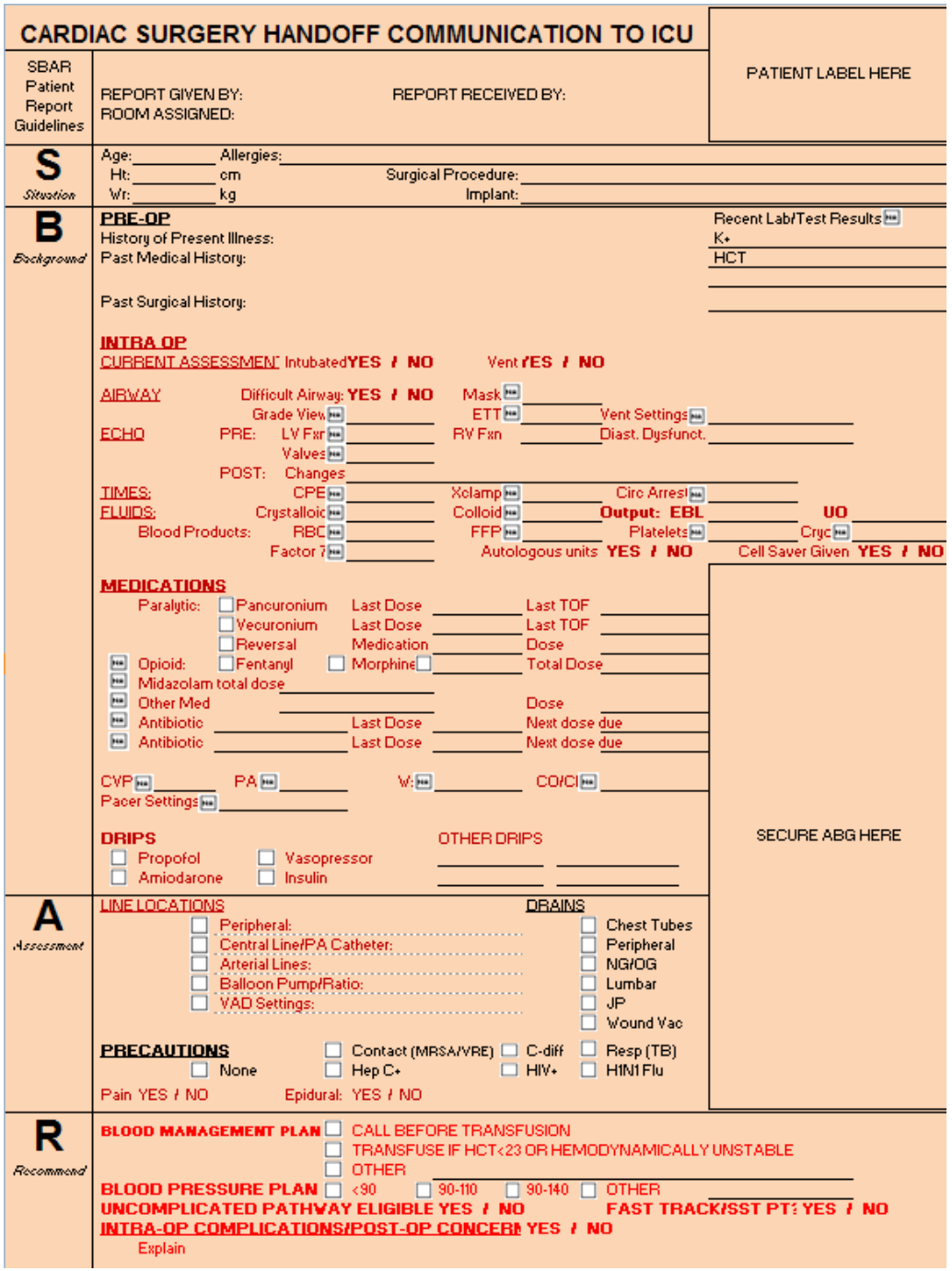
Handoff form (SBAR tool): U of M



CARDIAC SURGERY HANDOFF COMMUNICATION TO ICU

SBAR Patient Report Guidelines

REPORT GIVEN BY: ROOM ASSIGNED:

REPORT RECEIVED BY:

PATIENT LABEL HERE

S *Situation*

Age: Allergies:

Ht: cm Surgical Procedure:

Wt: kg Implant:

B *Background*

PRE-OP

History of Present Illness:

Past Medical History:

Past Surgical History:

Recent Lab/Test Results

K+

HCT

INTRA OP

CURRENT ASSESSMENT Intubated **YES / NO** Vent **YES / NO**

AIRWAY Difficult Airway: **YES / NO** Mask

Grade View ETT Vent Settings

ECHO PRE: LV Fxn RV Fxn Diast. Dysfunct.

Valves

POST: Changes

TIMES: CPB Xclamp Circ Arrest

FLUIDS: Crystalloid Colloid **Output: EBL** **UO**

Blood Products: RBC FFP Platelets Cryo

Factor 7 Autologous units **YES / NO** Cell Saver Given **YES / NO**

MEDICATIONS

Paralytic: ☐ Pancuronium Last Dose Last TOF

☐ Vecuronium Last Dose Last TOF

☐ Reversal Medication Dose

Opioid: ☐ Fentanyl ☐ Morphine Total Dose

Midazolam total dose

Other Med Dose

Antibiotic Last Dose Next dose due

Antibiotic Last Dose Next dose due

CVP PA W: CO/CI

Pacer Settings

DRIPS

☐ Propofol ☐ Vasopressor

☐ Amiodarone ☐ Insulin

OTHER DRIPS

SECURE ABG HERE

A *Assessment*

LINE LOCATIONS

☐ Peripheral:

☐ Central Line/PA Catheter:

☐ Arterial Lines:

☐ Balloon Pump/Ratio:

☐ VAD Settings:

DRAINS

☐ Chest Tubes

☐ Peripheral

☐ NG/OG

☐ Lumbar

☐ JP

☐ Wound Vac

PRECAUTIONS

☐ None ☐ Contact (MRSA/VRE) ☐ C-diff ☐ Resp (TB)

☐ Hep C+ ☐ HIV+ ☐ H1N1 Flu

Pain YES / NO Epidural: YES / NO

R *Recommend*

BLOOD MANAGEMENT PLAN ☐ CALL BEFORE TRANSFUSION

☐ TRANSFUSE IF HCT<23 OR HEMODYNAMICALLY UNSTABLE

☐ OTHER

BLOOD PRESSURE PLAN ☐ <90 ☐ 90-110 ☐ 90-140 ☐ OTHER

UNCOMPLICATED PATHWAY ELIGIBLE YES / NO **FAST TRACK/SST PT: YES / NO**

INTRA-OP COMPLICATIONS/POST-OP CONCERN YES / NO

Explain