

Handoff and Extubation Forms: University of Washington

Cardiac Surgery Handoff Form

Demographics Name _____ Procedure _____
 Anesthesiologist/Resident + _____ Attending Surgeon _____ Fellow _____
 RN _____ RRT _____ Arrival Time/Date _____

Medical History/major OR events

Cardiovascular

arrhythmia in OR _____
 rate/rhythm _____ pacer wires V a+v _____
 recent PA _____ CVP _____ CI _____ SvO2 _____
 VAD settings (right _____) (left _____)
 Pacer/ICD in situ (remind resident to call EPS for reprogramming)
 heart function by TEE _____
 Other: _____

Meds Ht _____ Wt _____

Recent IV push meds _____
 Last abx and time _____
 Last ACT _____ protamine given _____
 Protamine _____
 other: _____

Respiratory

candidate for early extubation
 NOT a candidate for early extubation
 BECAUSE
 difficult intubation: Anesthesia must be present to extubate
 (place sign above bed please)
 concern for airway
 hemodynamic instability/rocky OR course
 open chest
 nitric oxide _____ ppm
 volume overload/requires dialysis
 other: _____

Fluids blood fridge at bedside

In: _____
 crystalloid _____
 colloid _____
 blood products none
 pRBCs _____
 FFP _____
 platelets _____
 cryo _____
 Factor VII _____
 Out: _____ oozy in the OR
 EBL: _____ UOP: _____

Neurological

paralytic was reversed
 sedation was reversed
 neurological concerns _____
 (i.e. concerns regarding injury or protection in the OR)
 other: _____

Labs

Last Hct _____ plt _____ INR _____ ACT _____
 K+ _____ glucose _____
 Other: _____

Lines

anesthesia reports problems with lines
 placement or vascular access
 _____ artline
 _____ PA catheter/cordis
 _____ IABP
 _____ other bolus line
 other: _____

IV drips

amiodarone _____ mg/min
 dobutamine _____ mcg/kg/min
 dopamine _____ mcg/kg/min
 epinephrine _____ mcg/kg/min
 isuprel _____ mcg/kg/min
 insulin _____ units/hr
 milrinone _____ mcg/kg/min
 neosynephrine _____ mcg/kg/min
 nitroglycerin _____ mcg/kg/min
 nitroprusside _____ mcg/kg/min
 norepinephrine _____ mcg/kg/min
 propofol _____ mcg/kg/min
 vasopressin _____ units/min
 other _____
 other _____

Drains (Get this info from Fellow)

chest tubes x _____ #1 _____ #2 _____
 #3 _____ #4 _____
 JP #1 _____ #2 _____
 other: _____

ADDRESSOGRAPH

Cardiac Surgery Postop Handoff Form
 UWMC Form Information
 Not for official use/scanning

Addressograph

Cardiac Surgeon: _____
 Surg C Resident: _____
 RN (first 6 hr): _____
 RT (first 6 hr): _____
 Date: _____

Cardiac Surgery Extubation

The statewide standard of care is extubation of cardiac surgery patients within 6 hours of ICU arrival.

Patient is **NOT** a candidate for early extubation.

Anesthesia must be present for this extubation.

Patient **IS** a candidate for early extubation.

- Obtain weaning parameters and a written order prior to extubation
- Surg C Resident must be available on the unit for 30 min following extubation

Collect the following information for ALL postop cardiac surgery patients: Hourly for first 12^h

Arrival Time	TIME	Extubated	If No: Reason and Name of Attending/Fellow who Authorized this	Blood per Guidelines
		Y N		Y N N/A
1 hr postop		Y N		Y N N/A
2 hr postop		Y N		Y N N/A
3 hr postop		Y N		Y N N/A
4 hr postop		Y N		Y N N/A
5 hr postop		Y N		Y N N/A
6 hr postop		Y N		Y N N/A
7 hr postop		Y N		Y N N/A
8 hr postop		Y N		Y N N/A
9 hr postop		Y N		Y N N/A
10 hr postop		Y N		Y N N/A
11 hr postop		Y N		Y N N/A
12 hr postop		Y N		Y N N/A

REASON TO DELAY EXTUBATION:

- Chest tube output **CONSISTENTLY** $\geq 150\text{cc/hr}$
- Cardiac index **CONSISTENTLY** ≤ 2.0
- $\text{SpO}_2 \leq 92\%$ ($\leq 88\%$ - patients with hx of COPD)
- Tracheal edema, upper airway issues
- Perioperative life threatening arrhythmia
- Other: provide description/reason

IF THE RN or RT HAS CONCERNS ABOUT EXTUBATION: THE FELLOW or ATTENDING MUST VISUALIZE THE PATIENT PRIOR TO EXTUBATING THE PATIENT.

* Please submit this QA form to Kyle Sisco (mailbox)