"When you hand off care to another"…

BD06288_

Ticket to Ride

*OR to PACU Handoff Tool*

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| S | **Situation:**  Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time: \_\_\_\_\_\_ Report From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgeon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anesthesiologist:\_\_\_\_\_\_\_\_\_\_\_  Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dx: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surgery Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgery End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Family Present: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B | **Background:**  Reason for Admission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Code Status: □ Full Code □ AND Limited Interventions □ AND-Advanced Interventions  □ POLST □ Advance Directive □ Living Will  Past Medical History: □ Negative □ Cardiac □ HTN □ MI □ CHF □ CVA □ TIA □ COPD □ Asthma  □ Renal □ Diabetes **Class I / II** □ Seizure Disorder □ Headaches □ ID  □ Smoker □ ETOH / Drug □ Other:­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of Anesthesia: **General / Sedation / Local / Spinal / Epidural / Block / Other: \_\_\_\_\_\_\_\_**  Medications Given: □ Versed □ Fentanyl □ Dilaudid □ Morphine □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time Last Given: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Antibiotic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Last Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preoperative Labs: □ Normal □ *Abnormal – Notes*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **LOC/Orientation:** □ A&O x 3 □ Drowsy □ Sedated □ Obtunded □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Vital Signs**: BP \_\_\_\_\_\_\_\_ Pulse \_\_\_\_\_\_\_\_\_ Respirations \_\_\_\_\_\_\_\_\_02 Sat: \_\_\_\_\_\_\_\_\_ Temp\_\_\_\_\_\_\_\_  Cardiac Rhythm: □ NSR □ Other/ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current Pain Scale**: 1 2 3 4 5 6 7 8 9 10**  **Skin:** Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Turgor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Wound: Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dressing(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Line Status:** Site: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Fluid/Rate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Site: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Fluid/Rate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Intake**: Fluids: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Blood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Output:** EBL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Urine Output: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Drains: □ Foley □ Straight Cath: ­­­­­ **\_\_\_\_\_\_\_\_\_** Time Placed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Jackson Pratt/Amount: \_\_\_\_\_\_\_\_\_\_\_\_ Hemo Vac/Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Wound: Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dressing(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Devices: □ Bear Hugger □ Compression Device □ Ted Hose □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A | **Assessment:**  Patient Status: □ Stable  □ *Unstable/Detail:* |
| R | **Recommendation(s):**  **Consultation:** □ Cardiac □ Pulmonology □ Urology □ GI □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Tests:** □ 12 lead EKG □ CXR □ X-Ray □ ABG □ CBC □ BNP □ Lytes □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Transfer when stable to**: □ ICU □ Stepdown □ Med/Surg □ Oncology □ Ortho □ Home |