Title: Guidelines for Perioperative Handoffs from OR to receiving units.

Policy #: PSM 100-102A

Purpose: This guideline provides a standard approach for conducting a focused handoff for transitioning a patient from the OR to the PACU or critical care setting.

Definitions

1. **OR**: Any procedural location in which anesthesia care is provided.
2. **Surgeon and Surgical Team**: All proceduralists and procedural teams

I. Hand-off Framework
   
   A. A standard approach will be employed that outlines critical elements of clinical information necessary to ensure continuity of care across practice areas.
      1. The process for transferring patient information should include verbal and written components.
      2. Notification will occur prior to hand-offs.
      3. The receiving care provider will be notified of the impending transfer
      4. The receiving care provider will be given a complete report before or at the time of transfer
   
   B. The patient will be placed on required monitoring devices prior to commencing a hand-off discussion.
   
   C. The anesthesia provider will remain with the patient until the hand-off discussion is completed
   
   D. Opportunity is provided for questioning between the giver and receiver of the patient during hand-offs
   
   E. The timing of hand-offs should be planned so as not to occur during temporary changes in personnel whenever possible
   
   F. Interruptions and distractions (i.e. cellular phones, answering pagers) during transfer of patient information should be minimized or eliminated whenever possible.

II. Determination of Post-Op Disposition
   
   A. Process: Anesthesia Provider to Surgeon

---


1. The Anesthesia provider discusses the patient’s disposition with the surgical team at the beginning of the case or with any changes in the patient’s condition to determine anticipated unit needed.

2. For healthy elective patients the disposition discussion may occur as part of the additional information shared during Sign-in or Time-out. Refer to *PSM100-105 Appendix D: Guidelines for Implementing Universal Protocol in the OR* for a complete description of the process. In the event a change in condition occurs a disposition discussion as described above should be conducted. [This added element will assist in managing elective situations like hand cases, cataracts, etc. done on the East campus.]

### Narrative Script: Anesthesiologist to Surgeon

**Sender (Anesthesia Provider):** Based on this patient’s condition and anticipated course, I feel that it would be most appropriate for this patient to go to PACU or ICU. Our plan will be to extubate /leave the patient intubated at the end of the procedure. What do you think?

**Receiver (Surgeon):** I agree/disagree

Note: This discussion should include details including but not limited to: Hemodynamic stability; Blood loss, Need for additional monitoring or reason to go to critical care unit (drips, respiratory status, etc.) A discussion takes place between the surgeon and anesthesia provider. Consensus for disposition is tentatively reached.

### B. Anesthesia to Circulating RN Process

1. Circulating RN, in preparation for transfer, will notify PACU/ICU Unit Secretary or RN of the patient’s status, procedure performed and need for support including
   a) Ventilator or specific respiratory set up (i.e. t-piece)
   b) Drips and patients weight
   c) Invasive monitoring set up
   d) Precaution Status
   e) Epidural

2. RN circulator will provide estimate of impending arrival time in this or a subsequent call and elicit a determination of readiness of the unit to accept the patient.

3. Unit Secretary/ Resource RN from the receiving unit will assign a bed for the patient

4. The bed facilitator must be called to request/ arrange an ICU bed for a patient in the OR. If PACU patient no further calls need to be made until the end of the case.

5. Anesthesia provider and circulating nurse review vital information to convey
to PACU/ICU. This should occur near the end of the case

### Narrative Script: Anesthesiologist to RN Circulator

**Sender** (Anesthesia Provider): *This Patient will be going to PACU/ICU/other location. The team that will manage this patient’s care post-operatively is ______.*

**Receiver** (RN circulator): *I will make the call*

### RN Circulator to Receiving Unit/RN Process

1. Handoff of care from RN circulator to PACU/ICU RN is done via printed intraoperative records. Care elements and critical care events and/or conditions are discussed directly RN to RN and may not be relayed through a unit secretary.

2. Critical elements and process can be found in *PSM 100-102: Admission, Discharge and Handoff of Patients in Perioperative Services.*

3. If there are no clinical elements which require communication to another licensed provider (i.e. ventilator settings, medications) the RN Circulator may have this conversation with a Unit coordinator.

4. For ICU patients, as the patient leaves RN circulator/Procedure Room nurse calls receiving ICU to notify of impending arrival.

5. Receiving unit notifies appropriate personnel to be present as defined in the subsequent section of this guideline. Pages the ICU Attending to notify him/her that patient is on the way.

### Narrative Script: RN Circulator to Receiving Unit

**Sender** (RN Circulator): *Hi, We are finished in room _____, Dr. _________ patient_______, who had a _________procedure. He/she will need the following:*

1. Ventilator or specific respiratory set up (i.e. t-piece)
2. Drips and patients weight
3. Invasive monitoring set up
4. Precaution Status
5. Epidural

**Receiver** (Receiving RN): *Thank you or I need clarification of the following...*

**Sender** (RN Circulator): *Can we have a slot/room?*

**Receiver** (Receiving RN): *Thanks for the information. You can go into slot/room ______ OR we will call you back with a slot/room*
D. Anesthesia Team to receiving RN on admission from OR
1. Patient enters the room/slot and is placed on an O2 Sat pleth, heart monitor, BP cuff and any invasive monitoring by nursing in conjunction with the anesthesia team. Patient is introduced to the receiving nurse by the anesthesia provider.
2. The anesthesia provider remains at the bedside until verbal verification is received from the RN that the patient is being actively monitored and is stable.

**Narrative Script: Anesthesia Provider to Admitting RN**

**Sender (Anesthesia provider):** *If the patient is at baseline and is stable, the anesthesia provider asks: Are you OK if I step away to print out my record?*

**Receiver (Admitting RN):** *Everything looks good- OK to print or Can you hold for a minute? The patient is having a(n) “______” issue. Let’s make sure he/she is OK before you leave.*

III. Recommended personnel present at handoffs

A. Anesthesia to PACU

1. Intraoperative anesthesia caregiver - This should include the intraoperative anesthesia attending if patient has any significant issues including but not limited to respiratory or hemodynamic compromise.
2. PACU anesthesia resident or attending if patient unstable
3. Receiving unit RN
4. Respiratory therapist as required
5. Intraoperative surgical representative

B. Anesthesia to ICU

1. Intraoperative anesthesia caregiver - This should include the intraoperative anesthesia attending if patient has any significant issues including but not limited to respiratory or hemodynamic compromise.
2. Receiving unit RN
3. Intraoperative surgical representative
4. Respiratory Therapist as required
5. ICU team resident and/or fellow or appropriate midlevel
6. ICU attending if patient has any significant issues or as requested by intraoperative team

IV. Recommended Elements for Perioperative Handoffs: Anesthesia Personnel to Receiving Team

A. Identify Patient

1. Name
2. Birth Date
3. Medical Record Number
B. List allergies
C. Identify the procedure(s) performed
   1. Procedure(s)
   2. Attending surgeon
   3. Team
D. Review medical history
   1. Pertinent medications
   2. Report patient weight
   3. Co-morbidities and status
   4. Mental Status
   5. Code status
   6. Social history
   7. Chronic Pain Issues
   8. Surgical history
   9. Use of eyeglasses, hearing aids
   10. English comprehension
   11. Precautions
E. Preoperative events
   1. Preoperative Medications
   2. Preoperative procedures
   3. Lines in-situ and placed
   4. Regional or neuraxial block with details - location and local anesthetic use
F. Intra-operative Events - Anesthesia
   1. Type of anesthesia
   2. Airway details
   3. Endotracheal (ETT) vs. LMA
   4. Difficulty
   5. If still intubated, ETT size and depth
   6. Antibiotics and last dosing
   7. Anesthetic course
   8. Intraoperative line placements
   9. Positioning
   10. Intraoperative medications
       a) Opioids and last dosing
       b) Anti-emetics
       c) Neuromuscular blockers/reversal, train of four status
       d) Other: insulin, steroids
   11. Hemodynamics/ issues
       a) Baseline and trends - PA catheter - distance in, pre and post procedure hemodynamics
       b) TEE findings
       c) Differential diagnosis
       d) Treatment
       e) ECG changes
12. Intraoperative lab results
   a) Electrolyte and glucose management
   b) Hematocrit
   c) Blood gas and ventilatory changes

13. Intake and output
   a) Blood loss and coagulation status - ACT and protamine
   b) Blood product transfusions
   c) Crystalloid and colloid totals
   d) Urine output
   e) Other (pleural or peritoneal fluid)

14. Current Status
   a) Airway and oxygenation
   b) Current medications
   c) Need for pacing and pacing wire status
   d) Temperature
   e) Assessment of pain level

15. Suggested plan of care
   a) Anticipated recovery and problems
   b) Analgesia plan
   c) Suggested initial ventilatory settings
   d) Need for blood products and availability

G. Critical Processes of Care
   1. Receiving nurse acknowledges all information and asks any questions or
      gets clarification on any or all of the report given.
   2. Once that is established they announce hand off complete from
      anesthesia
   3. Attention is then turned to intraoperative surgical representative.

V. Recommended Elements for Perioperative Handoff: Intraoperative Surgical Personnel
   to Receiving Team
   A. Elements
   1. Intraoperative procedure
   2. Intraoperative complications if any
   3. Plan for all tubes, drains and lines
   4. Threshold Criteria for notification to surgical team, (drains, vitals, etc)
   5. Pending labs or imaging or urgent ones needed
   6. Future surgical plans (first dressing changes, planned OR return, etc)
   7. Disposition, (include need for monitoring, telemetry)
   8. Specific concerns to be address prior to PACU discharge

   B. Critical processes of care
   1. Receiving nurses acknowledges report and asks any pertinent questions
      or gets clarification
   2. To the extent possible, all personnel shall be present for the entirety of
      the handoff

Vice President Sponsor: Marsha Maurer RN, MS
<table>
<thead>
<tr>
<th>Chief Nurse Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author/Owner/Chair:</strong></td>
</tr>
</tbody>
</table>
| Alok Gupta MD  
Adam Lerner MD  
Mary Grzybinski, RN, BSN |

**Approved by:**

<table>
<thead>
<tr>
<th><strong>OR Executive Committee/Date:</strong> 1/2013</th>
</tr>
</thead>
</table>
| Elliot Chaikof, MD, Chair, Department of Surgery  
Brett Simon, MD, Chair, Department of Anesthesia and Critical Care  
Elena Canacari, RN, CNOR, Associate Chief Nurse, Perioperative Services |

<table>
<thead>
<tr>
<th><strong>OR Practice Council Date:</strong></th>
</tr>
</thead>
</table>
| **Original Date Approved:** 1/2013  
**Revisions:** (Dates): |
| **Next Review Date:** 1/2016  
**Eliminated:** (Date) |