

# ICU Admission Handoff Guideline

## OR to ICU Handoff

### OR Nursing Signout

1. Skin Care Examination

### Anesthesia Signout

2. Pertinent past medical history
3. Allergies
4. Preoperative vital signs and clinical condition
5. Type of anesthesia, including any regional/nerve block adjuncts
6. Total I/O's (including blood loss and any transfusions)
7. Any airway difficulties
8. Any significant hypotension or hemodynamic instability, including treatment
9. Any ICP related issues (Neurosurgery)
10. Any special concerns for postoperative care (including pain control)
11. A phone number to be reached for further communication

### Surgery Signout

1. Surgical procedure
2. Any complications
3. Drains (location and numbering)
4. Planned perioperative antibiotics
5. Postoperative labs to be ordered and followed
6. Any special concerns/requests for postoperative care
7. Any mobility limitations
8. Diet / nutrition plans
9. Plans for pharmacologic and mechanical DVT/PE prophylaxis
10. A phone number to be reached (R2 resident or greater) for further communication

The STICU is a single order writing unit. After completion of signout and ICU admission orders by the surgical team, the ICU team will assume all order writing responsibilities according to ICU guidelines. This includes all care decisions during PACU admission prior to ICU transfer. PACU nursing team members have been instructed to direct all communications to the ICU team.

## **ICU Admissions from the Floor or ED**

A modified version of the above surgical signout must be communicated for all patients admitted to the ICU service. This includes patients transferring to the ICU from the floor, emergency department, or other care location.

## **Transfers from the ICU to Floor/Stepdown**

As per the Single Order Writing Service Guideline, transfer orders will be written by the ICU team.

At time of transfer, an ICU resident or APP will call the surgical team for signout. This communication should include the following elements to ensure effective handoff of ICU patients.

1. Details of initial ICU admission – including pertinent details from surgery and anesthesia signout (as above)
2. Overview of ICU course – including discussion of any significant events or changes in acuity level and any procedures performed
3. Systems-based review of problem list, current treatments and medications, and active plans for patient care discussed on morning ICU rounds
4. Other pertinent details with regard to pending orders, tests, and follow-up