# Handoff Communications

## HANDOFF COMMUNICATION

Complete on all patients going to surgery or procedures. Reason for Procedure: 

<table>
<thead>
<tr>
<th>S</th>
<th>Cardiac Cath</th>
<th>Medical Imaging (Angio, CT, US, Nuc Med, MRI)</th>
<th>Pediatric Outpatient Treatment Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Date: / /</td>
<td>Unit Sending Patient:</td>
<td>Unit Patient to Return To Post Procedure:</td>
</tr>
<tr>
<td></td>
<td>Primary RN</td>
<td>Name patient prefers to be called:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nursing Physical Assessment completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Level of Consciousness:</td>
<td>oriented</td>
<td>cooperative</td>
</tr>
<tr>
<td></td>
<td>Pain assessment:</td>
<td>Pain level</td>
<td>Scale Used</td>
</tr>
<tr>
<td></td>
<td>Last dose pain medication</td>
<td>Medication Reconciliation Complete yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spouse/Significant Other with patient:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Location:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vitals (to be done within the hour prior to leaving unit):</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time:</td>
<td>Temperature</td>
<td>Pulse</td>
</tr>
<tr>
<td></td>
<td>NPO status:</td>
<td>Time of last oral intake of clear:</td>
<td>solids (including milk products):</td>
</tr>
<tr>
<td></td>
<td>Pre-Procedure Meds:</td>
<td>Ordered</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Given</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>See MAR</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pre Complete:</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Recent Weight:</td>
<td>kg</td>
<td>actual</td>
</tr>
</tbody>
</table>

Consents signed: | surgery/procedural | anesthesia/sedation | blood | sterilization |

| CBC | Yes | No | NA | Yes | No |
| CMP | Yes | No | NA | Yes | No |
| PTT/INR/PTT | Yes | No | NA | Yes | No |
| Type & Cross | Yes | No | NA | Yes | No |
| HCG | Yes | No | NA | Yes | No |

Abnormal results? | No | Yes | If Yes, Physician notified: |
| Orders Received? | No | Yes | If Yes, See Orders |

In chart: | History and Physical | MAR | MRI checklist |
| | Pre-operative note | Allergy Sheet | Contrast Form |
| | Conditions of Admission | PCMP |
| | RN flow sheet/progress notes |

For patients receiving bowel prep: | Results clear? | yes | no |

****** Also complete this section if going to surgery ******

| Jewelry removed | Yes | No | If No, secured NA |
| Prosthesis removed | Yes | No |
| Dentures removed | Yes | No |
| Contacts removed | Yes | No |
| Glasses removed | Yes | No |
| Skins prep done | Yes | No |

****** Also complete for Cardiovascular Patients ******

1st shower |
2nd shower with clipping (less than 4 hours from OR time) |

A Patient ready for transfer | Yes | No |
| Patient transferring for intervention | |

R Accompanied by | transporter | nurse | nurse & monitor |
| Transported via: | cart | wheelchair | bed | ambulatory |
| Report called to | at | Report faxed to |
| Please call at ext. | for any questions. |

Signature(s) of Staff Sending Patient |
Signature of Pre-op/Procedural Staff receiving patient | Date | Time |

Comments: |

S: Situation  B: Background  A: Assessment  R: Recommendation

Handoff Communications

Courtesy of Banner Health. Used with permission.
<table>
<thead>
<tr>
<th><strong>S</strong></th>
<th><strong>B</strong></th>
<th><strong>R</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Handoff Communications</strong></td>
<td><strong>S</strong></td>
<td><strong>B</strong></td>
</tr>
<tr>
<td><strong>Patient ID Label</strong></td>
<td><strong>Surgeon:</strong></td>
<td><strong>History:</strong> (circle)</td>
</tr>
<tr>
<td><strong>Here</strong></td>
<td><strong>Procedure:</strong></td>
<td><strong>Other:</strong></td>
</tr>
<tr>
<td><strong>NPO Status:</strong></td>
<td><strong>Ht/Wt:</strong></td>
<td><strong>Allergies:</strong></td>
</tr>
<tr>
<td><strong>Site Marked:</strong></td>
<td><strong>Anesthesia Type:</strong></td>
<td><strong>Isolation:</strong> (circle)</td>
</tr>
<tr>
<td><strong>Procedure:</strong></td>
<td><strong>General – Epidural – Spinal – Local – MAC</strong></td>
<td><strong>MRSA – VRE – TB – Other:</strong></td>
</tr>
<tr>
<td><strong>Anesthesia Type:</strong></td>
<td><strong>Other:</strong></td>
<td><strong>Cultural/Interpreter:</strong></td>
</tr>
<tr>
<td><strong>General – Epidural – Spinal – Local – MAC</strong></td>
<td><strong>/ Personal Belongings:</strong></td>
<td><strong>/</strong></td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td><strong>Given to:</strong></td>
<td><strong>Personal Belongings:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Location:</strong></td>
<td><strong>Given to:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Waiting Room – Unavailable</strong></td>
<td><strong>Personal Belongings:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Contact #:</strong></td>
<td><strong>/</strong></td>
</tr>
<tr>
<td><strong>T/HR/BP/RR/SaO2:</strong></td>
<td><strong>OR → PACU/ASU/CCU</strong></td>
<td><strong>Meds (Antibx) needed</strong></td>
</tr>
<tr>
<td><strong>Skin:</strong></td>
<td><strong>ASU →</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Neuro:</strong></td>
<td><strong>PSA →</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>Pulmonary:</strong></td>
<td><strong>OR → PACU/ASU/CCU</strong></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td><strong>Cardio/Rhythm/PV:</strong></td>
<td></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>GastroIntestinal:</strong></td>
<td></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>GU/Cath/Drains:</strong></td>
<td></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td><strong>Dressings:</strong></td>
<td></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Musculoskeletal:</strong></td>
<td></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>Pain:</strong></td>
<td></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td><strong>Epidural/Block:</strong></td>
<td></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>IV Site &amp; IVF LTC:</strong></td>
<td></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>Lines (CVL,A-Line):</strong></td>
<td></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td><strong>Intake/Output &amp; EBL:</strong></td>
<td></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Meds/Reversal Given:</strong></td>
<td></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>Infusions:</strong></td>
<td></td>
<td><strong>N/A</strong></td>
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<tr>
<td><strong>Blood Given/Needed:</strong></td>
<td></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Abn Labs &amp; Last BS:</strong></td>
<td></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td></td>
<td><strong>BS=</strong></td>
<td><strong>BS=</strong></td>
</tr>
<tr>
<td><strong>BetaBlocker Protocol:</strong></td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
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<tr>
<td><strong>DVT Protocol:</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
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<tr>
<td><strong>Other:</strong></td>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
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<tr>
<td><strong>Special Equipment:</strong></td>
<td></td>
<td><strong>N/A</strong></td>
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<tr>
<td><strong>Acute Orders:</strong></td>
<td></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Unexpected Events:</strong></td>
<td></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>Post Op Destination:</strong></td>
<td><strong>ASU</strong></td>
<td><strong>CCU</strong></td>
</tr>
<tr>
<td><strong>Meds (Antibx) needed</strong></td>
<td><strong>Floor</strong></td>
<td><strong>ASU#</strong></td>
</tr>
<tr>
<td></td>
<td><strong>ASU</strong></td>
<td><strong>CCU#</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Floor Room #</strong></td>
<td><strong>Floor Room #</strong></td>
</tr>
</tbody>
</table>
**Introduction**
Introduce yourself and your role/job (include patient)

**Patient**
Name, identifiers, age, sex, location

**Assessment**
Presenting chief complaint, vital signs and symptoms and diagnosis

**Situation**
Current status, medications, circumstances, including code status, level of (un)certainty, recent changes, response to treatment

**SAFETY Concerns**
Critical lab values/reports, socio-economic factors, allergies, alerts (falls, isolation, etc.)

**Background**
Co-morbidities, previous episodes, past/home medications, family history

**Actions**
What actions were taken or are required AND provide brief rationale

**Timing**
Level of urgency and explicit timing, prioritization of actions

**Ownership**
Who is responsible(nurse/doctor/team) including patient/family responsibilities

**Next**
What will happen next? Anticipated changes? What is the \textbf{PLAN}? Contingency plans?

---

Handoffs and Healthcare Transitions with opportunities to ask \textbf{QUESTIONS}, \textbf{CLARIFY} and \textbf{CONFIRM}

Courtesy of Department of Defense Patient Safety Program. Used with permission.
**Handoff Communications**

**Kaiser San Francisco**
Perioperative Services

**RN TO RN HANDOFF TOOL**
(O.R. - PACU / CVICU)  DATE _________

************************************************************

**SITUATION (patient history):**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT'S AGE &amp; PRE-OPERATIVE DIAGNOSIS</td>
<td></td>
</tr>
<tr>
<td>PERTINENT MEDICAL HISTORY</td>
<td></td>
</tr>
<tr>
<td>OPERATIVE PROCEDURE (include side and site)</td>
<td></td>
</tr>
<tr>
<td>ALLERGIES</td>
<td>□ YES □ NKDA</td>
</tr>
<tr>
<td>SENSORY IMPAIRMENT</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>FAMILY PRESENT</td>
<td>□ ASU WAITING ROOM □ 5TH FLOOR – CVOR WAITING ROOM</td>
</tr>
<tr>
<td>RELIGIOUS/CULTURAL ISSUES</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>ISOLATION PRECAUTIONS</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>INTERPRETER REQUIRED</td>
<td>□ YES □ NO</td>
</tr>
<tr>
<td>VALUABLES / BELONGINGS (disposition)</td>
<td></td>
</tr>
</tbody>
</table>

**INTRAOPERATIVE BACKGROUND:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDS GIVEN INTRAOPERATIVELY</td>
<td></td>
</tr>
<tr>
<td>BLOOD GIVEN □ YES □ NO TRANSFUSED ___ RBCs, ___ PLATELETS ___ FFPS</td>
<td></td>
</tr>
<tr>
<td>UNITS AVAILABLE</td>
<td></td>
</tr>
<tr>
<td>ASSESSMENT OF SKIN INTEGRITY (include pressure sites, positioning related areas and incision site)</td>
<td></td>
</tr>
<tr>
<td>MUSCULOSKELETAL RESTRICTIONS □ YES □ NO</td>
<td></td>
</tr>
<tr>
<td>TUBES / DRAINS / CATHETERS □ N/A (include size and location)</td>
<td></td>
</tr>
<tr>
<td>DRESSINGS / CAST / SPLINT □ YES □ NO</td>
<td></td>
</tr>
<tr>
<td>COUNT CORRECT □ YES □ NO &gt;&gt;&gt; XRAY TAKEN □</td>
<td></td>
</tr>
<tr>
<td>OTHER (labs, path results, etc)</td>
<td></td>
</tr>
</tbody>
</table>

**PATIENT TRANSFERRED TO** □ PACU □ CVICU

| Description                                      | Details |
| REPORT GIVEN TO _________ RN >>> REPORT GIVEN BY _________ RN (relief only) |
| REPORT GIVEN TO _________ RN >>> REPORT GIVEN BY _________ RN (relief only) |
| REPORT GIVEN TO _________ RN >>> REPORT GIVEN BY _________ RN |

**** NOT PART OF PATIENT CHART****

Courtesy of Kaiser San Francisco. Used with permission.
Handoff Communications

Sentara Norfolk General Hospital, Norfolk, Virginia 23507

SNGH PACU REPORT WORKSHEET

Form must be filled out completely

PATIENT

(Place sticker here)

Date:__________________________

Room assigned:__________________________

Surgeon:__________________________

PRECAUTION

Type Bed: Regular / Telemetry Class I II / Step down / SD Telemetry / ICU

Allergies: ______________________ Reaction: ____________________________

Isolation Yes No Type:__________________________

Oxygen NC _______ FM _______ VENT ____________________________

Type of Surgery:_______________________________________________________________

Type of Anesthesia: General / Sedation / Local / Spinal / Epidural / Block

Medications given PACU: Versed____ Fentanyl _____ Dilaudid ______ Morphine____

Time Last narcotic given_________

Other___________________________ Anitmetic__________________________

Antibiotic________________________ Time next dose due _________________

PCA Medication________________ Settings__________________ Time Started_________

Medical History _________________________________________________________

______________________________________________________________________

PLAN OF CARE

Fluids in: OR_______________ PACU_____________

IV fluid /Rate______________________ IV access & location____________________

Output OR_______________ PACU_____________ Foley present Y / N

EBL OR_______________ PACU_____________

DRAINS OR_______________ PACU_____________

Number of and location of drains:____________________________________________

DRESSINGS_______________________________

PROBLEMS: Vital Signs: Time:

T______HR______ RR______ B/P _______Pulse Ox _______Pain Scale____

Review systems (WNL otherwise noted)

Neuro/Vascular:_______________________________

Respiratory: ________________________________

Cardiac/Rhythm: ______________________________

GI / Diet (has patient started ice chips)_______________________________

GU:______________________________________

Musculoskeleton:_______________ Kendalls Y / N

Labs _________________________________

Xrays_______________________________

Blood Sugar________________________

PURPOSE

Time Bed Ready__________________ Time Report Faxed _______________________

Nurse Completing Report__________________________________________________

Time patient arrived to floor_________ On floor bed Y / N

Courtesy of Sentara Norfolk General Hospital. Used with permission.
Every caregiver is an integral link in the chain of communication. If just one link is weak, care can be compromised. SBAR is a structured approach to communication between healthcare providers designed to ensure that each link is strong.

**SITUATION**
> Why are you calling the caregiver?
> Identify yourself, unit, patient, room number
> Briefly state the problem: what, when, how severe?

**BACKGROUND**
> Information related to the situation
> Admission diagnosis and date
> Most recent vital signs
> List of current medications, allergies, IV fluids, test results
> Lab results: date and time done; comparison to previous results
> Other pertinent clinical information
> Code status (if appropriate)

**ASSESSMENT**
> What is your assessment of the situation you are calling about?

**RECOMMENDATION**
> What do you want from the caregiver?
> Test or medication order?
> Patient needs to be seen now
> Order change
# Handoff Communications

## SBAR Patient Report Guidelines: Perioperative Services

| Report given by: | Time: __________________ | Phone: __________________ |
| Report received by: | Phone: __________________ |

### Situation:
- Patient’s name, Age, gender
- Diagnosis/Procedure being performed
- NPO status (# of hours)
- Allergies
- Advanced Directive, Code status

### Background:
- History / Past hospitalization
- Infection Control/Isolation
- Primary Language
- Legal status
- Special needs – spiritual, cultural, learning, communication
- Religious needs-refuses blood transfusion
- Disposition of Patient belongings

### Assessment:
- **Current Status - Preop to OR**
  - Planned surgical procedure
  - Surgical procedure verified and marked
  - Planned anesthesia type
  - Allergies
  - Mental status
  - Language barriers
  - Blood products/Consent
  - Medications received in preop
  - Antibiotics to be given
  - Blood products available
  - Significant medical history (Elevated BP, cardiac, asthma, etc.)
  - Equipment needs (SCD, etc.)
  - Catheters/Drains
  - Musculoskeletal/Skin: breakdown, casts, wounds, dressings
  - Surgeon has spoken with patient/family
  - Family waiting/contact information?
- **Current Status - OR RN to OR RN**
  - Current stage of procedure
  - Anesthesia type
  - Position of patient/devices used
  - Allergies
  - Significant medical history
  - Blood products/Consent
  - Recent changes in condition
  - Medications on the sterile field
  - Irrigation fluids in use
  - Instrumentation on/off field - needed
  - Equipment/device needs
  - Implants needed available
  - Vendor present/needed
  - Specimens on and off field
  - Counts
    - Sponges
    - Needle/Small Items
    - Instruments
  - Communication with family regarding:
    - Clinical/Change in Condition

- **Current Status - OR to PACU/Critical Care**
  - Surgical procedure
  - Allergies
  - Blood products remaining
  - Drains and catheters
  - Motor activity (neuro)
  - Peripheral circulation issue
  - Positional issues
  - Skin integrity
  - Equipment needs
  - Additional issues or concerns
  - Communication with family regarding:
    - Clinical Condition
    - Change in Condition

### Recommendation:
- Plan for continuing care interventions
- Nursing orders/Nursing plan of care
- Additional Questions/Comments
- Abnormal results and related

---

Courtesy of UCSI Health Sciences. Used with permission
**ICU → OR**

Please call OR when anesthesia takes patient  X43000 West  X 72411 East
Ask UCO to transfer you to the RN caring for the patient

**Demographics**
- Name & Medical Record Number
- Allergies
- Brief history
- Planned Surgical Procedure
- Precautions

**Paperwork**
- Nursing Assessment
- H & P
- Surgical Consent
- Anesthesia consent

**Family**
- Location
- Contact person/number

**OR → ICU**

Please call ICU 60 minutes prior to anticipated time of transfer

**Intraoperative medications/fluids**
- Medications or drips that anesthesia would like available
- Pumps or other medication delivery equipment needed

**Intraoperative issues**
- Related to positioning
- Problems/complications

**Special post op needs:**
- Lines
- Intubated/ventilated
- Hypothermia equipment
- Compression sleeves
- ICP monitoring
- Implanted devices

**Dressings & Drains**
- Type of drain(s)
- Location of drain(s)
- Vac dressing
- Abd open

---

Courtesy of Beth Israel Deaconess Medical Center. Used with permission.
# Handoff Communications

**Bloomington Hospital**  
**Bloomington, Indiana**

**Nursing**

**SHARQ TRANSFER**

## Situation
- **Date** / /  
- **Time**  
- **Report From**  
- **Patient Name**  
- **Admitting MD**  
- **Consulting MD**  
- **Chief Complaint**  
- **Diagnosis/Procedure**  
- **Surgery End Time**  
- **Family Present:** □ Yes □ No  
- **Special Needs**  
- **Isolation:** □ Yes □ No □ Type

## Past Medical History
- □ Negative  
- □ Seizures □ Recent Admit  
- □ HTN □ Cardiac □ MI □ CHF □ Renal □ Diabetes  
- □ Infectious Diseases □ CA □ COPD □ Asthma □ Headaches □ CVA □ TIA □ Psych  
- □ ETOH/Drug Abuse □ Other  
- **Code Status:** □ Full □ AND □ AND-Limited interventions □ AND-Advanced interventions  
- □ Living Will □ Advanced Directive  
- **Allergies**  
- **Home Medication List Complete:** □ Yes □ No □ Action Needed  
- **Smoking History:** Smoker: □ Yes □ No  
- **Pack/Day**  
- **Tobacco Use:** □ Yes □ No

## Assessment
- **LOC/Orientation**
  - **Temp**  
  - **Blood Pressure**  
  - **Pain Scale (0-10)**  
  - **Pulse**  
  - **Rhythm**  
  - **Respirations**  
  - **Breath Sounds**  
  - **Oxygen:** □ Yes □ O2 Sat

<table>
<thead>
<tr>
<th>Key Medications</th>
<th>Fluids/Meds</th>
<th>Dose/Rate</th>
<th>Given/Start Time</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ IV</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>□ Dialysis Access</td>
</tr>
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<td></td>
<td>□ Port</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Other</td>
</tr>
<tr>
<td><strong>Urine</strong></td>
<td>□ Continent □ Incontinent □ Foley Cath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Drains</strong></td>
<td>□ Jackson Pratt □ Hemo-Vac □ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bowels</strong></td>
<td>□ Continent □ Incontinent □ Ostomy □ Last BM</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- **Wounds**  
- **Activity/Mobility/Fall Risk**

<table>
<thead>
<tr>
<th>Total Intake</th>
<th>Total Output</th>
<th>Estimated Blood Loss</th>
<th>□ Not Applicable</th>
</tr>
</thead>
</table>

- **Vaccination Assessment Complete-Pneumonia:** □ Yes □ No □ NA  
- **Flu:** □ Yes □ No □ NA

## Recommendations/Results
- **Labs**  
- **Treatments**  
- **EKG**  
- **Radiology**  
- **Discharge Needs**

## Questions
- **Orders needed?** (i.e., activity, medications, diet)