ICU 5/29/15

A new process is beginning July 1 for the transfer of patients from ANY ICU at OHSU to the OR for first case start. The ICU staff will be filling out a check list preparing the patient for OR in the hour between 0630 and 0730. It is imperative that ICU patients going to the OR have a consent and proper preparation for the OR by the surgical and ICU teams in place by 0630 in order to minimize delays to the OR. Thank you.

The surgical team is ultimately responsible for obtaining consent and insuring that appropriate pre-operative preparations have been made, such as up-to-date type and screen, etc. Of course, if any orders or changes in patient care need to occur, these should be communicated with the ICU team.

Jennifer Watters
<table>
<thead>
<tr>
<th>MAJOR STEP “What”</th>
<th>KEY POINTS “How”</th>
<th>REASONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ICU Notified of Surgery</td>
<td>1a. Night prior to surgery, the OR charge calls the ICU and informs them of case. 1b. Call is made by 11pm.</td>
<td>Assure adequate time for ICU team to prepare patient &amp; family for upcoming surgery</td>
</tr>
<tr>
<td>2. Confirmation with ICU on surgery pick up time.</td>
<td>2a. Day OR charge calls ICU, confirming ICU pick up times for same day cases. 2b. Call is made by 0630.</td>
<td>Assures patient is ready for pick up; limits wait time in ICU with interruption of ongoing care for the patient; allows efficient workflow</td>
</tr>
<tr>
<td>3. Changes to inpatient start times reported at Acute Care Huddle.</td>
<td>3a. Periop representative attends Acute Care Huddle. 3b. Gives update on surgery schedule changes.</td>
<td>Allows efficient communication between OR team and ICU team</td>
</tr>
<tr>
<td>4. One hour notification given to ICU.</td>
<td>4a. OR Charge calls ICU 1 hour before pick up time. 4b. The ICU to OR Blue sheet is started by ICU Charge RN.</td>
<td>Assures readiness of patient for OR including correct preparation for anesthesia providers to resume care</td>
</tr>
<tr>
<td>5. If a 1st case with non-intubated patient, ICU RN transports to 6A.</td>
<td>5a. Call from SOR by 0615 confirming plan to bring down patient.</td>
<td>Allows efficient workflow for the OR</td>
</tr>
</tbody>
</table>
### ICU TO OPERATING ROOM PATIENT HANOVER CHECKLIST

**Date:** ______ / ______ / ______

#### Transfer Task

<table>
<thead>
<tr>
<th>ICU Charge RN</th>
<th>RN Initial</th>
<th>Issues/delays with this step</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ OR Charge gives 1 hour notice call to ICU Charge <em>(Charge to Charge notification)</em>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Projected departure time from ICU to OR: ______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in projected time:</td>
<td>□ NA (no time change)</td>
<td></td>
</tr>
<tr>
<td>□ ICU Charge schedules transport appointment for projected departure time.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### First Case, Non-Intubated Only:

- □ ICU RN arranges transport appointment for arrival in 6A at 0710 *(Monday's at 0810)*
- □ Confirm with ICU Treatment Team that patient is cleared for 6A transport

#### ICU RN Patient Preparation

**Pre-Op ICU Location:** *(circle one)*

- 7A
- 7N
- 8C
- 12K

**Pre-Op ICU Treatment Team:** *(circle one)*

- MICU
- NSICU
- TSICU
- CVICU

#### ICU RN Patient Preparation

**1. Monitoring:**

- □ Patient will remain on ICU monitoring with CX2 box attached to central monitoring if:
  - Returning to ICU
  - Not returning to ICU
  - Cardiac patient

- □ Patient will be placed on transport monitor if:
  - □ Cardiac patient
  - □ Additional monitoring devices may be needed:
    - □ EtCO2 for intubated patients if indicated *(NSICU)*

**2. Medication:**

- □ Have scheduled medication available to be taken to OR with time of delivery.
  - [Once 1 hr notification is received, confirm with ICU provider which medications to send to OR vs give early].

**3. Documentation:**

- □ Complete Pre-op Checklist through Type & Screen.

**4. Family:**

- □ Confirm legal power of attorney or family contact is correct/available for anesthesia consent for care.

#### Equipment:

- □ 18g or greater PIV (avoid AC) or CVC
- □ Confirm patency of PIV
- □ Infusion set up. IV tubing connected to PIV and clamped
  - □ TSICU, CVICU, MICU -> 1L LR
  - □ NSICU -> 1L NS
- □ Consolidate infusion pumps if medically acceptable
  - □ Have carrier infusion for all vasoactive medications
  - □ Place infusion pump on IV pole mounted to head of bed or rolling IV pole for multiple infusion pumps.
- □ Full O2 tank

**For ventilated patients:**

- □ Ambu bag with PEEP valve
- □ If medically indicated (per discussion with anesthesia provider and ICU provider) → RT to be available for patient transport on ventilator. [Confirm with ICU provider when “sent for” page is received].

#### ICU to Anesthesia:

- □ HPI
- □ Significant Co-morbidities
- □ Recent Labs & Diagnostics
- □ Last 12 hr events
- □ Lines
- □ Recommendation & Concerns
- □ Postoperative Plan/Destination: *(circle one)*
  - PACU → Ward
  - PACU → ICU
  - OR Direct to ICU Intubated

#### ICU Provider to Anesthesia:

- □ Anesthesia has all information they need *(ICU RN may need to page/vocera the treatment team for the Anesthesia provider)*

#### ICU RN to OR RN:

- □ Review pre-op Checklist
- □ Risk/Stability Concerns

**OK to send patient when all boxes are checked and signed**

HANDOVER CHECKLIST GOES IN CHART WITH PATIENT AT TIME OF TRANSFER

#### Handover

**In Room Time:** ______

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Once complete, this document should be placed in the basket at the SOR front desk or given to Kristen Lund.

*DO NOT SCAN – not part of the permanent medical record.*