Departments of Anesthesiology, Surgery, and Neurosurgery

ICU Handoff and Patient Care Guideline

This guideline is designed to improve the handoff process, ensure superior communication between the surgical, anesthesia, and ICU teams, and provide coordinated care for all critically ill patients.

1) ICU Admissions from the OR

This guideline will be followed for all patients destined for the SICU, CTICU, and NeuroICU, whether admitted directly from the OR or transferred to the PACU prior to admission to the ICU. Plans for ICU versus floor admission should be discussed between surgical and anesthesia teams prior to the completion of surgery.

The SICU and CTICU teams carry dedicated cell phones. The NeuroICU team is available by pager. These numbers can be used to reach the ICU teams 24 hours a day, 7 days a week.

SICU – 85916
CTICU – 83253
NeuroICU – 303-266-2353

* For Spine Cases – Burger/Patel admit to SICU, Witt/Finn admit to NeuroICU

Surgery Signout

During anesthesia emergence or directly following completion of the operative case, the operating surgeon will call the ICU team with a signout for the patient being admitted. This communication will include the following elements:

1. Surgical procedure
2. Any complications
3. Drains
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
Anesthesia Signout

In the OR prior to completion of the case or on transfer to the PACU or ICU, the anesthesia resident/CRNA/AA/attending will call the ICU team for signout. This communication will include the following information:

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

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.

2) 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.

3) Transfers / Discharges from the ICU to the Floor or Step-Down Unit

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

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

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