OR to PCICU Patient Transfer Flow Diagram (approved 12 Feb, 2008)

Application: Patients undergoing Cardiothoracic Surgical Procedures

Patient Arrives in OR

At earliest convenience OR Circulating Nurse Faxes Transfer form to PCICU (2-7479)
The Transfer Form Contains:

1. Patient Demographic Sticker
2. Height
3. Weight
4. BSA
5. Allergies
6. Special Needs
7. Planned Operation
8. Time Operation Scheduled to End

Off Pump Time Called to PCICU. If not a pump case call when closure of patient begins (Circulating Nurse)

Anesthesia Team Completes Transfer Form during final 15 minutes of Surgery
See Attached Transfer form

"Rolling" call to PCICU when surgical dressing applied to the wound (Circulating Nurse)

PCICU ward clerk prints patient labs from OACIS, patient labs are placed on clipboard with the patients PCICU nursing flowsheet

PCICU care team notified and assembled (ward clerk will notify the PCICU care team):

1. Critical Care Nurse assigned and assisting
2. Respiratory Therapist: Ventilator Setup, Vent Settings based upon Patient Weight, Vent on and cycling using test lung
3. Pediatric Cardiology Intensivist Team: Attending and Fellow notified, at least one required to be present

Patient Arrives PCICU

Attending Anesthesiologist remains primary in directing patient care until transfer of care to Pediatric Cardiology Intensivist is complete

Orderly and Stepwise Transfer of Care:

1. Ventilator Settings Reviewed and Mechanical Ventilation Started, Proper Ventilation Confirmed by Anesthesiologist

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2. Suction of drainage tubes transferred to wall suction, portable suction discontinued
3. Steps 1 and 2 may occur simultaneously
4. Step 4 must not occur until 1 and 2 complete; monitoring of Vital Signs transferred to PCICU monitoring system; the person transferring the monitoring should ask the anesthesia team if it is "OK to Transfer Monitoring?" Proceed when "ok'ed".
5. Absolutely no changing of IV lines or capping and flushing of IV's, nor moving of vasoactive infusions to new locations may occur until transfer of patient to PCICU team is complete. An exception is permitted if a critical infusion line becomes nonfunctional during patient transfer and transport.
6. Mapping of Patient Infusions. Each active infusion will be mapped by the anesthesia team for the PCICU receiving nurse. During mapping, drug concentrations are confirmed, pump programming and rate is confirmed and the site of drug infusion is verified.
7. Stability of patient is optimized or confirmed by anesthesia team
8. Transfer of care to PCICU team is initiated by giving verbal report to Pediatric Cardology Intensivist. Report should be given with the Critical Care nurse listening in so that double reporting will be minimized. Transfer document used as basis for verbal report.
9. Intensivist and Critical Care Nursing personnel review current printed labs and ask questions of the anesthesia team as desired.
10. Transfer document is given to Intensivist
11. Barring questions, Transfer is complete
12. Surgeon Briefs ICU team ***This step should not occur until transfer of care is finalized*** Rationale: Anesthesia team must return to OR to prepare for next case.

Phillips Modular "brick" and cables are picked up by the anesthesia team

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