Patient Handover Information Form, OR to PCICU

Patient came from: Home Floor ICU

Endotracheal Tube: Size_____ Cuffed/Uncuffed

Depth_____at gums/teeth

Difficult Intubation: Yes No

PIV: Size_____ Location_____

Central Line: Size_____ Type_____ Location_____

Aline: Size_____ Location_____

Pacemaker Required: Yes No Mode_____

Target BP _____ Target RAP/CVP_____

Difficult to wean from CPB: Yes No
Difficult to Ventilate/Oxygenate Yes No

Blood Products Administered: Platelets_____units Cryo_____ units
FFP_____ units PRBCs____ units Factor VII____ doses

Drips:

Dopamine	@_____ug/kg/min	Milrinone	@_____ug/kg/min
Epinephrine	@_____ug/kg/min	Phenylephrine	@_____ug/kg/min
SNP	@_____ug/kg/min	Esmolol	@_____ug/kg/min
Propofol	@_____ug/kg/min	Precedex	@_____ug/kg/hr
Vasopressin	@_____u/kg/hr	Other_____	

Antibiotic: Ancef/Vancomycin/other Time of Last Administration_____

Drugs Currently Affecting Level of Conciousness and Movement:

Fentanyl Sufentanil Versed Ketamine Propofol Precedex

Vecuronium Pavulon Rocuronium Cisatracurium

Hemodynamics at conclusion of Surgery: Stable Not Stable

Anesthesia Team: Anesthesiologist_____
Resident or CRNA_____