

# Standardized MD Handoff

## **.SICUHANDOFF**

No longer than 1 page per patient

### **Illness Severity/Patient Summary**

.SICUHANDOFF

One liner (not full HPI):

- Include real name and DOB if Doe patient
- Include date of injury, mechanism

PMH:

Injury List:

- Include consulting service (if applicable) for each injury. If service signed off, include date of sign off.
- Major therapies or OR trips for each injury
- Activity restrictions if applicable

Other major ICU problems:

- Include significant events, treatments for each.
- Antibiotic dates

### **Action Items/To Do**

For ICU team purposes:

- Day to day action items
- Notes for items to recall

### **Situational Awareness/Contingency Planning**

Major items/events to note for ICU provider handoff as well as ICU to floor handoff purposes.

- Cannot miss items

Guidelines

### **Illness Severity/Patient Summary**

68 y F s/p MVC 7/2, MTP in ED 2/2 coagulopathy.

PMH: Afib (on Coumadin), hypothyroidism, CAD (DES in 2007 to LAD), HTN, chronic pain, COPD

Injury list:

- SAH/SDH: NSGY (s/o 7/4). s/p 7d Keppra. BI c/s
- R 6-10th rib fractures, R pneumothorax: CT removed 7/8
- R femur fx: Ortho trauma. IMN on 7/3. WBAT RLE
- L tibial plateau fx: Ortho Trauma. OR pending. NWB LLE

- A fib RVR 7/4: s/p amio x24h (now off), holding AC

- Acute Resp Failure: intubated 7/4-7/5, 7/6-7/9 (failed x1 2/2 secretions/delirium)

- HCAP: Vanc/cefe x7d (7/6-7/13)

### **Action Items/To Do**

- OR for L tibial plateau fx in AM
- Hold AM Lovenox and NPO at midnight.

### **Situational Awareness/Contingency Planning**

- No systemic anticoagulation for 1 month, per NSGY. Ok to start on 8/2

- Patient became significantly bradycardic to HR 40s while on Precedex gtt

Example