**CHUGG-OUT (SICU to OU/Floor Transfer)**

***SICU MD HANDOFF***

*Note - The MD Handoff should be up to date, including all required elements in the .SICUHANDOFF template. Required elements include date of admission, one-liner, past medical history, injury list, and list of other major ICU problems. For each problem, name consulted services (with date of sign-off if no longer following), summary of treatments received, and ongoing treatment plan.*

\*\*\*

***MD Consults:***

|  |  |  |  |
| --- | --- | --- | --- |
| ACCS | Cardiology | Endo | ENT |
| GI | Hand | ID | Neuro |
| NSGY | Ortho | Pain | PRS |
| Renal | Spine-NSGY | Spine-Ortho | Urology |

Other:

***Rehab/Ancillary Consults:***

|  |  |
| --- | --- |
| BI (trauma patient with LOC) | Chemical dependency |
| PT  OT  Speech | PM&R |
| SMART (stroke patient) | Wound care |

***SITUATIONAL AWARENESS***

PERTINENT physical exam findings on day of transfer: \*\*\*

***New findings that warrant follow-up and pending studies:***

Yes--describe:

None

***Important changes to home medications:***

Home medications stopped/on hold:

Dose changes:

No notable changes

***New medications to consider stopping prior to hospital discharge:***

New antipsychotic (started for ICU delirium):

Other:

***Disposition/Planning:***

Eval by LTAC/Rehab/SNF

Yes  No  N/A

Facility:

***Best Family Contact:***

***CURRENT ANTICOAGULANT THERAPY***

VTE Prophylaxis

Heparin  Lovenox  SCDs

IVC Filter  Other:

None – Reason:

Therapeutic Anticoagulation

*Indication:*

Heparin  Lovenox  Other:

Any previous issues with tolerating anticoagulants?

Yes  No

*Describe:*

Venous duplex performed?

Yes ---> *Most recent findings:*

No

***CURRENT ANTIMICROBIAL THERAPY***

*Note - Planned duration may be a number of days or a criterion such as "while drain in place" or "until blood cultures negative"*

N/A - No current antimicrobial therapy

* **[Antibiotic/Antimicrobial\_Name]***Indication:*   
  *Start Date:*   
  *Planned Duration:*
* **[Antibiotic/Antimicrobial\_Name]***Indication:*   
  *Start Date:*   
  *Planned Duration:*

*To insert additional antimicrobials, use the .SICUabx smart phrase.*

***LINES/DRAINS/AIRWAYS PRESENT***

@LDA(4,5,7,10,11,12,13,14,15,18,19,20,21,22,26,27,29,30,31,32,33,34,35,36,37:0:1,1:2)@

***TO-DO LIST PRIOR TO TRANSFER***

Make sure the following monitors or precautions are ordered if indicated:

Telemetry  Yes  No

Continuous pulse oximetry  Yes  No

OSA precautions  Yes  No

Difficult airway Yes  No

Trach orders/signage Yes  No

Size/Type:

Date placed:

Did patient require insulin while in SICU?

Yes, scheduled insulin

Yes, sliding scale only ----> d/c SICU insulin and order floor sliding scale insulin

No ----> d/c SICU insulin and blood glucose checks

Is the patient receiving TPN?

Yes ---->  Today's bag is ordered

No

Central line necessary?  Yes  No  N/A

Groin line necessary?  Yes  No  N/A

Discontinue K/Mg/Phos repletion order (if applicable)

Discontinue stress ulcer prophylaxis if no longer indicated

"Signed & Held" orders reconciled (all orders either released or discontinued)

**Sign-out was called to \*\*\* of the \*\*\* service.**

***QUESTIONS? Call \*\*\****