

Intraoperative Handoff Tool
<input type="checkbox"/> Provider introductions <input type="checkbox"/> Attending of record <input type="checkbox"/> Pt ID <input type="checkbox"/> Age <input type="checkbox"/> Weight <input type="checkbox"/> ASA status <input type="checkbox"/> Allergies <input type="checkbox"/> Isolation protocol <input type="checkbox"/> Premed
<input type="checkbox"/> Surgical procedure <input type="checkbox"/> Anesthetic technique ○ Postop disposition
<input type="checkbox"/> History
Airway <input type="checkbox"/> Type / size / difficulty / leak <input type="checkbox"/> Mode of ventilation ○ Extubation plan
Cardiac <input type="checkbox"/> HR / BP/ rhythm baseline and trends <input type="checkbox"/> Hemodynamic issues / goals
Medications <input type="checkbox"/> Controlled substances <input type="checkbox"/> Muscle relaxants <input type="checkbox"/> Local anesthetics / regional blocks <input type="checkbox"/> Antibiotics: last dose / next dose <input type="checkbox"/> Medications given by surgeon <input type="checkbox"/> Anti-emetics <input type="checkbox"/> Independent double check infusions
Fluids <input type="checkbox"/> IV access <input type="checkbox"/> Type / amount given/ dextrose <input type="checkbox"/> EBL / blood available / location of blood <input type="checkbox"/> Urine output
Monitors <input type="checkbox"/> Invasive catheters / BIS/ NIRS / ICP/ Doppler <input type="checkbox"/> Temperature / warming device / setting <input type="checkbox"/> Lab data
Other Information ○ Pt anxiety / nickname / development ○ Parent expectation / anxiety
<input type="checkbox"/> Complications / Issues not covered <input type="checkbox"/> Confirmation / questions ○ Documentation complete