PostOp Handoff Checklist

Date/Time: ____________  Weight: ________

Hand off Staff: Anesthesia__________
RN ____________________________

Procedure: _______________________

Pre Post Vitals: ____________________

Temperature: ____________

Resp: Vent/FiO2: ________________
CBG: ________
ET taped at _________ cm

FEN: IV Access_________________
PICC/PIV/Broviac

Medications: Given: Dose:
Inhaled______________________
Analgesic___________________
Paralytics___________________
Antibiotics__________________

Fluids/rate ___________________
Boluses ____________________
Urine: _____________________

Other_______________________

Blood Products: ________________

Miscellaneous: Drains,tubes

Family: _______________________

Significant OR Events: __________
Handoff Assessment Tool

Date/Time

Surgical Service:
Titles of Members present:

Was NICU RN present and prepared?

Did OR call NICU RN with hand off info
estimated time of return, any new equipment?

Were the following discussed and time given for assessment:
- Patient identification
- Vital signs esp. *TEMPERATURE
- ETube/airway issues, ventilator
- Identifying lines, IV rates, IV fluids and any changes in OR
- Any intraop boluses blood products
- New dressings, tubes, equipment
- Address any other concerns

Was adequate time allowed to ask questions? Were they answered?

Was handoff conducted with minimal interruptions and distractions?

Was handoff Checklist used?
Did handoff include all clinically relevant information?

NICU RN receiving report:
How satisfied with the handoff you were given?
Very satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

OR Team giving report:
How satisfied were you with handoff process?
Very satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

Comments: