Salisbury NHS Foundation Trust

Theatre Handover to Critical Care

Aim To provide safe and effective handover of clinical information from theatre staff to Critical Care
Scope All patients admitted to Critical Care from theatre or recovery following elective or emergency surgery

1. Establish on ICU monitor & ventilator (if needed) & check:

- ❑ Breathing / ventilating OK?
- ❑ Monitoring OK?
- ❑ Haemodynamically stable?
- ❑ Adequate analgesia / sedation?

2. Ensure key staff are present for handover

Handing over team:

- ❑ Anaesthetist*?
- ❑ Scrub / Recovery Staff?

Receiving team:

- ❑ Nurse?
- ❑ SHO?
- ❑ Registrar / Consultant?

*All ventilated or complex cases should have a face-to-face handover from the Anaesthetist. For simple, level 1, elective cases, prior telephone handover from the Anaesthetist to ICU SpR (Bleep 1319) or Consultant (Bleep 1373) may be sufficient.

3. Follow Theatre Handover Checklist (overleaf)

Handing-over Anaesthetist is the team leader for this handover

This is a **Hands-Off Handover** – all staff should pause & listen

4. Ensure all questions are answered

Handing over team:

- ❑ Is the Anaesthetist's handover complete?
- ❑ Is the Scrub Staff's handover complete?

Receiving team:

- ❑ Is the receiving Nursing Team's plan complete?
- ❑ Is the receiving Medical Team's plan complete?

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Theatre Handover Checklist

Patient Information

- ❑ Name, Age & ID Bracelet
- ❑ Medical History
- ❑ Allergies
- ❑ Name of procedure

Key information should also be available on the ICU Admission Form, completed by the Anaesthetist before leaving theatres

Anaesthetic Information

- ❑ Type of anaesthesia
- ❑ Airway – grade / method / difficulties
- ❑ Intra-operative course & complications
- ❑ Anticipated postop problems – bleeding / pain / airway issues
- ❑ Analgesia plan
- ❑ Information given to relatives
- ❑ Epidural/PCA/LA infusion prescribed & attached
- ❑ Current infusions running

Surgical Information

- ❑ Surgical Consultant
- ❑ Intra-operative surgical course & complications
- ❑ Blood loss
- ❑ Antibiotic plan
- ❑ Medication plan – restart / withhold & timing
- ❑ DVT prophylaxis
- ❑ Plan for tubes & drains
- ❑ NG tube & feeding plan
- ❑ Postop investigations

Other Information

- ❑ Are infusions properly labelled?
- ❑ Is the correct fluid in the transducer bag?
- ❑ Where is the patient's property?

Handover of patients transferred from theatre to

ICU admission form from theatres

Pre-departure Communication with ICU: **date** _ _ /_ _ /_ _ _ _ **time** _ _ : _ _

ventilation, sedation, stability, bed ready ☐

Admission
Operation:

Duration:

Working Diagnosis:

Patient addressograph

Airway and Ventilation
Ease of BVM ventilation: Easy (no adjunct) / Easy (with adjunct) / Difficult / 2 person

Intubation: *Grade* *Technique* DL VL Fibreoptic Other

Airway for Transfer: Own Endotracheal Tube Tracheostomy Laryngectomy?
Size/Type of Airway: Length at teeth:

Invasive Ventilation: Mode FiO2 Settings:
NIV: NC / Facemask / NIV FiO2 Settings:

ABG at__:___pH_____pO2____(FiO2___) pCO2___HCO3___BE____Lac____Glc ____

Chest drain(s): Number in situ …… ☐ Secured ☐ N/a

Cardiovascular
Vasoactive drugs running (and rate): Syringes labelled ☐
……
……

Blood loss: Latest Hb:

Fluid input: Urine output: Fluid Balance:

Analgesia and Sedation
Intraoperative analgesia (and any essential timings):
Regional anaesthetic technique(s) and dose:
Current analgesia and sedation running (and rate):
……
Catheters in situ and secured: ☐ Syringes labelled ☐

Antibiotics
Administered Intraoperatively (including times):

Continued antimicrobial plan:

Handover of patients transferred from theatre to

Comorbidity:

Functional Status:
Resuscitation Status:

Lines / Drains:

Medication:

Allergy:

Pressure Areas:

Relative update:

Further info / Plan:

WHO Part Three / MDT considerations (where known):

Feed:	Head up:	Pressure Areas:
Analgesia:	Ulcer prophylaxis	
Sedation:	Glycaemic control:	
Thromboprophylaxis:	Radiology:	

Name and Grade of Anaesthetist:

Signature:

Completed Handover Date and Time: _ _ / _ _ / _ _ _ _ _ _ : _ _