

ICU ADMISSION CHECKLIST (OT to ICU)

FILL IN THE FORM ON ICU ARRIVAL

1. INTRODUCTION / TEAM MEMBERS

☐ OT Anaesthetist ☐ OT Surgeon ☐ ICU Doctor ☐ ICU Nurses

2. PATIENT IDENTIFICATION ☐ Full Name ☐ MRN

3. KNOWN ALLERGY ☐ No ☐ Yes:

4. INFECTION PRECAUTIONS ☐ No ☐ Yes:

5. COMPLETED ANAESTHESIA RECORD PRESENT ☐ Anaesthesia form ☐ Intraoperative record

6. PROCEDURE DETAILS (described by surgeon) elective / emergency

7. COMORBIDITIES:

8. Pre-op ECHO : EF : TAPSE : / Baseline pO2 :

9. Intraoperative Course:

Induction: ☐ Stable ☐ Not stable Comment :

Difficult Airway ☐ NO ☐ YES Comment :

Lines: Site: Size:

Arterial:

Venous:

Central Venous Line:

Other:

CPB Issues: ☐ No ☐ Yes:

Last Hb before leaving OT:

Blood Products Transfused:

Pacing Requirements: ☐ Yes ☐ No Comment :

IABP: ☐ NO ☐ YES Comment :

Intraoperative Problems: ☐ No ☐ Yes:

Relevant perioperative TEE: ☐ N/A ☐ Yes:

Drug Infusions:

☐ Adrenaline ☐ Dexamedetomidine ☐ Insulin

☐ Noradrenaline ☐ Other:

☐ Milrinone

☐ Vasopressin

10. PATIENT CARE PLANNING AND POTENTIAL COMPLICATIONS

(graft/value details, hemostasis, renal, arrhythmias, neurological deficits, etc...)

Haemodynamic target MAP ☐ 60 - 80 mmHg ☐ Other:

CVP ☐ 8 - 12 ☐ Other:

11. VENTILATOR SETTING ON AND CHECKED ☐ Auscultation Done ☐

12. EARLY EXTUBATION CANDIDATE ☐ Yes ☐ No: ☐ Complicated OT ☐ Difficult airway

☐ Respiratory ☐ Poor Cardiovascular status

13. OPPORTUNITY FOR QUESTIONS AND READBACK

Name & Signature OT Anaesthetist:& ICU Dr:

Date : Time :