

PATIENT'S INFORMATION
(Please Stick Label)

PAEDIATRIC ICL HANDOVER CHECKLIST

FILL IN THE FORM ON PICU/PCICU ARRIVAL

1. INTRODUCTION / TEAM MEMBERS

<input type="checkbox"/> ICL Anaesthetist	<input type="checkbox"/> Cardiologist	<input type="checkbox"/> PICU/PCICU Doctor	<input type="checkbox"/> PICU/PCICU Nurse
2. PATIENT IDENTIFICATION		<input type="checkbox"/> Full Name	<input type="checkbox"/> MRN
3. KNOWN ALLERGY		<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. INFECTION PRECAUTIONS		<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. COMPLETED ANAESTHESIA RECORD PRESENT		<input type="checkbox"/> Anaesthetic Form	<input type="checkbox"/> Intraoperative Record

6. PRE-PROCEDURE DETAILS (described by doctor) elective / emergency

DIAGNOSIS.

PAST HISTORY

CURRENT CONDITION

7. DURING PROCEDURE

PROCEDURE

LINES ARTERIAL Site Size

PERIPHERAL Site Size

CENTRAL VEIN Fr cm Lumen

BASELINE Oxygen sats% Hb

VENTILATION Laryngoscope grade 1 2 3 4 Direct / Indirect

ETT Size Level Cuff / Uncuff

Ventilation problem Yes No

ABG fiO₂ pH PCO₂ PaO₂ HCO₃ BE Lactate

CARDIOVASCULAR Haemodynamic instability ☐ Yes ☐ No

Arrhythmias ☐ Yes ☐ No

Significant bleeding ☐ Yes ☐ No

Packed cellsunits Plateletsunits FFPunits Cryo.....units

PERI PROCEDURAL ISSUES

8. CURRENT STATUS

VENTILATOR SETTINGS ☐ Pressure ☐ Volume Control

PIP TV RR PEEP FiO₂ INO

VASOACTIVE SUPPORT

Adrenaline Noradrenaline Dopamine

Dobutamine Others

Pacing ☐ Yes ☐ No Dependent ☐ Yes ☐ No Mode Rate

Post Procedure ECHO finding

Anticipated Issues

9. Goals Saturation% PaO₂mmHg Temp..... °C

Extubation Fast track/Overnight/Delay/High Risk

Prepared By: (ICL Anaesthetist)

Received By: (PCICU/PCHC)

Signature :

Name :

Date & Time :

Signature :

Name :

Date & Time :

Effective Date: 24 August 2021