

PETS Post-Operative Handover Checklist

- Pre-handover
- Equipment checks
- Time out
- Sign out

Pre – Handover

- ☐ Call ICU during skin closure
- ☐ Inform ICU if Consultant presence is required during handover.
- ☐ Inform ICU if patient will be transferred intubated or extubated, and other equipment's to prepare.

Equipment checks

- ☐ Oxygen cylinder full
- ☐ Infusions (inotropes, and sedations) connected to patient and lines are open.
- ☐ Check 3-way taps and clips.
- ☐ Check infusion pump set up and concentration matches the syringe label.
- ☐ Lines set (IA, peripheral Central)– site, size
- ☐ Tracheal tube/tracheostomy– size, cuff/uncuff, length
- ☐ Others: e.g. pacemaker, special monitors, ECMO

Time out for Handover (SBAR format)

For Non- Cardiac Surgery

Team Lead	Action	
PAN	S	<ul style="list-style-type: none"> Announce "Time out for Handover" Introduction of teams: <ul style="list-style-type: none"> PAN team Surgical Team (Required Yes/No) ICU team ICU nurse in charge AU nurse Respiratory Therapists (as required) Introduction of patient using name, IC number Post-Surgical Diagnosis Surgery performed
PAN	B	<ul style="list-style-type: none"> Medical History Intraoperative anaesthesia: medications (e.g. antibiotics, paracetamol), critical events, vital signs, Estimated blood loss and Urine output, total fluid and blood products, ISTAT/HAEMOCUE ROTEM Airway: blade, glottic view, Ventilatory setting. Cardiovascular: vasopressors, CXR for lines Blood products availability and location Pain control/Pain service and sedation plan OTHERS: Glucose/Electrolytes/Positioning/temperature issues
	A	<ul style="list-style-type: none"> Assessment (Concerns, intra-op events, unusual occurrences)
	R	<ul style="list-style-type: none"> Recommendations
Surgeon		<ul style="list-style-type: none"> Intraoperative findings/complications Recommended care plans and when to notify surgical team
ICU		<ul style="list-style-type: none"> Integration- Aim for concise summary to highlight main issues that bedside team needs to watch out for: <ul style="list-style-type: none"> Residual lesions following surgery Specific post-operative issues to anticipate in this patient (should be patient and lesion specific) Highlight haemodynamic goals if there are concerns.

For Cardiac Surgery

Team Lead	Action
PAN	S <ul style="list-style-type: none"> ▪ Announce “Time out for Handover” ▪ Introduction of teams: <ul style="list-style-type: none"> ○ PAN team ○ Surgical Team (Required Yes/No) ○ ICU team ○ ICU nurse in charge ○ AU nurse ○ Respiratory Therapists (as required) ▪ Introduction of patient using name, IC number ▪ Post-Surgical Diagnosis ▪ Surgery performed
PAN	B <ul style="list-style-type: none"> ▪ Pre bypass: <ul style="list-style-type: none"> ○ Induction: Inhalational/ IV - drugs used ○ Airway management details ○ Lines: in situ and lines placed (any issues) ○ Stability prior to going on bypass: blood, inotropes, arrhythmia ▪ On Bypass: <ul style="list-style-type: none"> ○ Type of prime used ○ Total bypass time ○ Total cross clamp time ○ Total DHCA time (if applicable) ○ MUF yes/no ▪ Coming off bypass <ul style="list-style-type: none"> ○ Rhythm/ arrhythmia ○ Inotropes coming off ○ Issues with Ventilation : ETT suction, pressures, tidal volume ○ urine output ○ blood products ▪ At current: <ul style="list-style-type: none"> ○ Inotropes ○ latest ABG ○ Blood products availability and location (Blood products available at bedside, in OT Fridge, and blood bank) ○ Pain control/Pain service and sedation plan ○ Intraoperative critical events Yes/No, if Yes: Details must be entered in EMR documents under Progress Notes – Healthcare communication. ○ OTHERS: Glucose/Electrolytes/Positioning/temperature issues
	A <ul style="list-style-type: none"> ▪ Assessment (Concerns, intra-op events, unusual occurrences)
	R <ul style="list-style-type: none"> ▪ Recommendations
Surgeon	<ul style="list-style-type: none"> ▪ Intraoperative findings/complications ▪ Recommended care plans and when to notify surgical team

For Cardiac Surgery	
Team Lead	Action
ICU	<ul style="list-style-type: none"> Integration- Aim for concise summary to highlight main issues that bedside team needs to watch out for: <ul style="list-style-type: none"> Residual lesions following surgery Specific post-operative issues to anticipate in this patient (should be patient and lesion specific) Highlight haemodynamic goals if there are concerns.

Sign out for Handover	
Team lead:	Action:
ICU team	<ul style="list-style-type: none"> Will Ask for verification or questions about surgical course or plan. Will Announce that post-surgical handover is complete

Addendum:

- After Post-Operative Handover, the AU Nurse in charge will document in flowsheet that the handover had taken place. Please include the name of ICU lead doctor present during handover, and under "Special Instructions" please write a note that the patient was handed over to ICU without issues.

Handover Checklist	
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Anaesthetist Handover	Dr Hee
OT Nurse Handover	Sister Dawn
Received by	Sister Linda/ Dr Anu
Patient identity/identification Tag Checked	Yes
Surgical Procedure and Surgeon	Laparotomy/ Dr Yap
Anaesthesia Type	GA
Allergies	NIL
Special Instructions	Handed over to CICU, NIL issues (For any issues please highlight)

- For any Handover related critical incident, please submit a report to IRS.