

## PETS Pre-Operative Handover Checklist

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

### Pre – Handover

- ☐ ICU team ready for handover
  - ☐ Is ICU consultant presence required during handover?
- ☐ Anaesthesia team updated
- ☐ All pre-operative anaesthesia orders carried out (e.g. blood products)
- ☐ Surgeon informed
  - ☐ Are Surgeons presence required during handover?

### 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, ICP monitoring, ECMO

## Time out for Handover (SBAR format)

| Team Lead           | Action  |
|---------------------|---|
| ICU                 | <b>S</b> <ul style="list-style-type: none"> <li>Announce "Time out for Handover"</li> <li>Introduction of teams: <ul style="list-style-type: none"> <li>PAN team</li> <li>Surgical Team (Required Yes/No)</li> <li>ICU team</li> <li>ICU nurse in charge</li> <li>AU nurse</li> <li>Respiratory Therapists (as required)</li> </ul> </li> <li>Introduction of patient using name, IC number</li> <li>Surgical Diagnosis</li> <li>Surgical plan</li> </ul>   |
| ICU Nurse in Charge | <b>B</b> <ul style="list-style-type: none"> <li>Fasting (Time of last solid/fluid)</li> <li>Isolation precaution (MRSA, CE/VRE?)</li> <li>Check all lines – infusions and patency</li> <li>Fluids (glucose)/blood transfusion</li> <li>Blood products available and location</li> <li>Infusions (e.g. inotropes, pain control and sedation infusions)</li> <li>Medications due to give in OT (e.g. antibiotics)</li> <li>Drains and Tubes</li> <li>Family location</li> <li>Surgical consent and site marking done</li> </ul> |
| ICU                 | <b>A</b> <ul style="list-style-type: none"> <li>Airway</li> <li>History of difficult airway?</li> <li>ETT type, size, position and blade used.</li> <li>Mode of ventilation</li> <li>High risk medications</li> <li>Significant lab/diagnostic imaging results</li> <li>Recent Hb/HCT, and coagulation if relevant</li> </ul>   |
|                     | <b>R</b> <ul style="list-style-type: none"> <li>Recommendations/Concerns</li> <li>Consultant in charge for contact: _____</li> </ul>  |
| PAN                 | <ul style="list-style-type: none"> <li>Anaesthetic plan</li> <li>Expected airway management (If needed)</li> <li>Fluid/IV access management plan</li> <li>Pain management</li> <li>Discuss postop destination (go back to CICU/NICU? or HD?)</li> </ul>   |

## Sign out for Handover

| Team lead: | Action:   |
|------------|---|
| ICU        | <ul style="list-style-type: none"> <li>Summarize concerns and plans</li> <li>Will ask for verification or questions about surgical course or plan.</li> <li>Will announce that pre-surgical handover is complete</li> </ul> |

**Addendum:**

1. After Pre-Operative Handover, the ICU Nurse in charge will document in flowsheet that the handover had taken place. Please include the name of the doctors who are present during handover.

| HANDOVER |  |   |
|----------|--|---|
| Handover |  |   |
|          | Nurse Handing Off                      | Sister Linda/ <b>Dr Anu</b>                         |
|          | Current Location                       | CICU  |
|          | Management Plan                        | For Surgery   |
|          | Receiving Nurse                        | Sister Dawn/ <b>Dr Hee/Dr Yap TL</b>                |
|          | Next Location                          | OT  |
|          | Intra-Hospital Transfer Items Handover | NA  |
|          | Remarks                                | <i>Nil issues (For any issues please highlight)</i> |

2. For any Handover related critical incident, kindly scan the QR code below and fill the electronic form.

