



# ICU Handoff Assessment Tool

Date: \_\_\_\_\_  
Time start: \_\_\_\_\_  
Observer: \_\_\_\_\_  
Room: \_\_\_\_\_

<b>PATIENT STICKER HERE</b>	
<b>NAME:</b>	
<b>MRN:</b>	
<b>DOB:</b>	<b>SEX: F M</b>

**Stability:** Stable Unstable RRT/Code  
**Admission type:** Planned/elective Unplanned/Urgent  
**New ICU admission?** New ICU re-admit  
**Origin:** OR ED ward other ICU OSH Other: \_\_\_\_\_  
**Receiving:** HUP Rh5 PPMC M2 Other: \_\_\_\_\_  
**Number of people in room:** \_\_\_\_\_

### HANDOFF CONTENT

Hands-on exam by receiving team?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Exam
Past medical history	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	PHist
Reason for ICU admission	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	HPI
Allergies	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Allergies
Airway	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Airway
Breathing/ventilation	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Breathing
Circulation/hemodynamics	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Circ
Inputs	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Ins
Outputs	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Outs
Drains/lines	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Lines
Complications (or absence of)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Comps
Plan	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Plan
Family	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Family
Team contact info	Y <input type="checkbox"/>	N <input type="checkbox"/>	Unk <input type="checkbox"/>	Contact

### PMH/SurgHx:

- HTN
- CAD / MI
- s/p CABG
- DM
- Renal failure

### Handoff types:

- Anes MD/CRNA to ICU MD/NP
- Anes MD/CRNA to ICU RN
- Anes MD/CRNA to resp tech
- Surg MD/PA to ICU MD/NP
- Surg MD/PA to ICU RN
- Origin RN to ICU RN
- \_\_\_\_\_ to whole room
- \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_\_ to \_\_\_\_\_

### Allergies:

Y N  
List allergies: \_\_\_\_\_

### Vasoactives:

- Phenylephrine ("Neo")
- Norepi ("Levophed")
- Epinephrine ("Epi")
- Vasopressin ("Vaso")
- Nicardipine ("Cardene")
- Nitroglycerin ("Nitro")
- Other: \_\_\_\_\_

### Airway:

- "Difficult"
- Fiberoptic
- "Easy"

**Inputs:** \_\_\_\_\_

**Outputs:** \_\_\_\_\_

### COMMUNICATION QUALITY, SETTING

Trans Provider: \_\_\_\_\_ Rec Provider: \_\_\_\_\_  
Handoff Start: \_\_\_\_\_ Stop: \_\_\_\_\_  
Location: bedside hallway phone other: \_\_\_\_\_  
*If in-person handoff, complete remainder of box*

Quality of **Transmitting** Provider Delivery:  
Superior Satisfactory Unsatisfactory

Attributes of **Recipient** Listening:

Eye contact	Y <input type="checkbox"/>	N <input type="checkbox"/>
Affirm. statements	Y <input type="checkbox"/>	N <input type="checkbox"/>
Head nodding	Y <input type="checkbox"/>	N <input type="checkbox"/>
Note-taking	Y <input type="checkbox"/>	N <input type="checkbox"/>
?-asking/interactive	Y <input type="checkbox"/>	N <input type="checkbox"/>

Noise: Quiet Neither quiet nor loud Loud  
Interruption Score (see reverse for grading): \_\_\_\_\_  
# unrelated to patient care (e.g. pages): \_\_\_\_\_  
# due to patient care: \_\_\_\_\_

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**Quality of Teamwork:** Superior Satisfactory Unsatisfactory **Quality of Professionalism:** Superior Satisfactory Unsatisfactory

Provider presence: Time all providers gone: \_\_\_\_\_ Time all nurses gone: \_\_\_\_\_ Time all clinical staff gone: \_\_\_\_\_

APACHE 2 Score: \_\_\_\_\_