Cayuga MEDICAL CENTER
A Member of Cayuga Health System

SBAR Handoff Tool

BLAYK, BONZE ANNE ROSE
A00088518428 M00059460
05/01/1956 62 F
Caballes, Freder ICU ICU06-0

Part of Patient's Permanent Record

S — Current Situation

Date: 9/20/18 **Time:** _____ **Destination:** 436 **Admitting MD:** Caballes

Isolation: ☐ Yes ☒ No

Diagnosis: rhabdo 9/20 s/p L shoulder dislocation reduced

Code Gray: ☐ Yes ☒ No

Allergy to Latex: ☐ Yes ☒ No

Allergies: NKA

☐ DNR Bracelet Applied
☐ Allergy Bracelet Applied
☒ ID Bracelet Applied

Special Precautions Type:
☐ Airborne ☐ Neutropenic
☐ Contact ☐ Droplet

Private Room indicated: ☒ Yes ☐ No

Needs Bed Near Nursing Station ☒ Yes ☐ No

B — Background

CODE STATUS: ☒ Full Code ☐ DNR ☐ Limited DNR ☐ MOLST

PMH/Past Surgical Hx: Schizophrenic, bipolar, borderline personality

Diabetic: ☐ Yes ☒ No
☐ Insulin ☐ Oral Meds ☐ Diet ☐ Insulin Pump

Patient From: ☒ Home ☐ Nursing Home ☐ Facility: _____

Baseline Mental Status: knows self, other answers variable

Impaired Mobility: ☐ Yes ☒ No

Needs Assistance: ☒ Yes ☐ No Standby for safety

Mobility Aides: ☐ WC ☐ Crutches ☐ Cane ☐ Walker

Fall Risk: ☐ Low ☐ Medium ☒ High Risk

Explain: Safety monitor

A — Assessment

Cardiac Rhythm (if monitored): NSR in Arm.

Vital Signs (most recent): _____

T _____, P _____, R _____, BP ____ / ____

Oxygen: 6 SPO2: _____ %

Pain: ☐ Yes ☐ No Location: See progress note

Last Pain Intervention: _____

Lung Sounds: clear

Abdominal: _____

Last BM / Void: 9/20

Foley: ☐ Yes ☒ No

Foley Reason: _____

☐ NPO ☐ PEG ☐ NGT

Skin Intact: ☐ Yes ☒ No

Skin Comment / Treatment: facial abrasions bruises

IV Access: (Location / Catheter size)

#1 ~~L AC~~ ☐ ED ☐ EMS ☐ _____

#2 R wrist ☐ ED ☐ EMS ☐ _____

#3 _____ ☐ ED ☐ EMS ☐ _____

IV Infusions:

#1 NS 75 4/h 18GA @1400

#2 _____

#3 _____

Meds Given: (*Faxed ED MAR acceptable*) ☒

pt declines

Medication Patch Present:
☐ Yes ☒ No ☐ Unknown

Pertinent Abnormal Labs: _____

Radiologic Testing done: _____

R — Recommend

Medication Reconciliation Completed:
☐ Yes ☐ No ☐ Needs Follow-Up

Personal Belongings:
☐ Form Completed ☐ N/A
☐ Sent Home with Family

Patient Own Meds:
☒ N/A ☐ Sent Home with Family
☐ Sent to Pharmacy / In Unit Safe
☐ Transfer with Patient to Unit

Orders / Pending Orders That Need to be Completed:

☐ Meds: _____

☐ Labs / Specimens: _____

☐ Procedures / Diagnostic Testing: _____

☐ Family Notified of Transfer / Admission: ☐ Yes ☐ No

SBAR Faxed to (RN's Name): Conner RN **Extension:** 3822 **Fax Time:** _____

Signature of Nurse Giving Report: _____ RN

4S Fax # (431-453) 274-4560 **4N Fax# (401-422) 274.4662** **SSSU Fax # 274-4533** **ICU: No change in process**

Cayuga MEDICAL CENTER
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SBAR Handoff Tool for Surgical / Procedural Patients

BLAYK, BONZE ANNE ROSE
A00088518428 M000597460
05/01/1956 62 F
Caballes, Freder ICU ICU06-0

PART OF PERMANENT RECORD

TO BE COMPLETED BY NURSE:

PRE SURGICAL/PROCEDURAL

S — Current Situation

Pre-op/Procedure Diagnosis: Rhabdomyolysis

ALLERGIES: (See other forms for specific reaction) NKDA

Isolation or special precautions: ☐ Yes ☒ No
Type/Source:

Allergic to latex? ☐ Yes ☒ No Allergy Bracelet on: ☐ Yes ☒ No
ID Bracelet on: ☒ Yes ☐ No

B — Background

Code Status: ☒ Full Code ☐ DNR ☐ Limited DNR
Past Medical History: schizophrenia

Impairments/Barriers: ☐ Hearing ☐ Vision ☐ Mobility
☐ Language Barrier ☒ Learning / Comprehension
Diabetic: ☐ Yes ☒ No How Managed: ☐ Insulin ☐ Oral Medications ☐ Diet ☐ Insulin Pump
Baseline Mental Status: ☒ Alert & Oriented ☐ Other: paranoid / irrational

A — Assessment

BP 154/86 T 99.9 Last CLEARS 0400
P,R, ____ SPO2 95 on ____ Last SOLIDS 0400
Cardiac Rhythm (if monitored): NSR - ST 104
Lung Sounds (if abnormal) clear
Pain Scale: 6/10 1800 Fingerstick Glucose, if diabetic: ____ at ____
☐ Indeterminate Last insulin ____ units at ____
Skin: ☐ Intact ☒ Abnormalities: lac @ face, nose
☐ Medication Patch present: ☐ Yes ☐ No ☐ Unknown Comment:

IV Intake Today: Pt has had today: ☐ Pre-op Meds ☐ Other Meds:
IV Fluid Hanging: NS @ 125 ml/hr
LIB: ___ Antibiotics: Last dose @
Site: 20 Gauge: ☐ AC / ☒ R hand 20g
Date Inserted: 9/19/2018
☐ Catheter in place - Urine color / consistency:
☐ O2 in use @ transfer
Pertinent Abnormal Labs:
History of Post-op ☐ Yes
Nausea & vomiting ☒ No

R — Recommend

☐ Routine pre-op / procedure preparations
☐ Expedited transfer direct to OR

Date: | Report given to:
Time: | RN Signature:

TO BE COMPLETED BY NURSE:

POST SURGICAL/PROCEDURAL

S — Current Situation

Procedure: Closed reduction L shoulder Surgeon: Blake

Anesthesia: ☒ General ☐ Spinal ☐ Epidural ☐ Regional ☐ Local MAC ☐ Moderate Sedation
Anesthesiologist: Rolo

B — Background (see above)

Code Status: ☒ Full Code ☐ DNR ☐ Limited DNR
BP 152/98 Dressing Location: ☒
P 93 ☐ Dry and Intact ☐ Stable - min. - med. drainage ☐ Other:
R 20 Incision:
T 36.7 Drains / Tubes: ☐ Foley ☐ JP
O2 sat 96 on RA ☐ Hemovac / Autotransfusion drain
☐ Order written for ☐ Others:
Cardiac Rhythm (if monitored: ☐ Other:
Lung Soungs (if abnormal):

Bracelets on: ☐ Patient ID ☐ Allergy
CMS/Neuro: alert
Comfort: Pain rating at tranfer:
Meds given:
Pt has in use at transfer: ☐ Intermittent Compression Stockings ☐ PCA ☐ CEI ☐ Duramorph precautions ☐ Cryotherapy
Other medications given in PACU:
Other Assessment Findings:
Most recent fingerstick Glucose, if Diabetic: ____ at ____
Last insulin ____ units at ____

A — Assessment

PO INTAKE
☐ Ice chips ☐ Sips clear ☐ Crackers ☐ Nausea ☐ Vomited

IV INTAKE
IV Fluid hanging:
Left in bag:
IV to follow: LR
Site: R hand 20
Insertion Date:
Diet:

I&O Summary OR + PACU

IV Total In	Foley OUT	EBL	Drains
300			☐ JP ☐ Hemovac ☐ Other:
	Color:		
	Consistency:		

R — Recommend

☒ Routine post-op / procedure care ☐ Unusual considerations/plan/restrictions: none
☐ Urgent to be done: Next dose @ (specify med)
Date: 9-19-18 Transferred to: TCU
Report given to ____ at ____(time) by ____ (signature of PACU nurse)
☐ Post-op / procedure orders completed ☐ slip sent to Pharmacy Belongings: ☐ Sent with Pt ☐ Other:
Private Room Needed: ☐ Yes ☒ No Family Notified: ☐ Yes ☒ No
Bed near nursing station required: ☐ Yes ☐ No