Cayuga MEDICAL CENTER
A Member of Cayuga Health System

SBAR HANDOFF TOOL

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

PART OF PATIENT'S PERMANENT RECORD

S — Current Situation

Date: 9/20/18
Time:
Diagnosis: rhabdo 9/20 s/p (L) shoulder dislocation reduced
Allergy to Latex: ☐ Yes ☒ No
Allergies: NKA

Destination: 436
Admitting MD: Caballes
Code Gray: ☐ Yes ☒ No
☐ DNR Bracelet Applied
☐ Allergy Bracelet Applied
☒ ID Bracelet Applied

Isolation: ☐ Yes ☒ No
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 standby for safety
Needs Assistance: ☒ Yes ☐ No
Mobility Aides: ☐ WC ☐ Crutches ☐ Cane ☐ Walker
Fall Risk: ☐ Low ☐ Medium ☒ High Risk
Explain: Safety monitor

A — Assessment

Cardiac Rhythm (if monitored): NSR in AM.
Vital Signs (most recent):
T ____, P ____, R ____, BP ____ / ____
Oxygen: Ø 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 cc/h 1008cc @ 1400
#2
#3
Meds Given: (*Faxed ED MAR acceptable*) Ø 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: [signature] RN

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

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SBAR HANDOFF TOOL FOR SURGICAL / PROCEDURAL PATIENTS

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, ______ SPO_2 95 on ______ Last SOLIDS 0400
Cardiac Rhythm (if monitored): NSR - ST 104
Lung Sounds (if abnormal): clear
Pain Scale: 6/10 1800
☐ Indeterminate
Fingerstick Glucose, if diabetic: ______ at ______
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 / Ⓡ hand 20g
Date Inserted: 9/19/2018
☐ Catheter in place - Urine color / consistency:
☐ O_2 in use @ transfer
Pertinent Abnormal Labs:
History of Post-op Nausea & vomiting ☐ Yes ☒ 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: Rolelo

B — Background (see above)

Code Status: ☒ Full Code ☐ DNR ☐ Limited DNR
BP 150/98
P 93
R 20
T 36.7
O_2 sat 96 on RA
☐ Order written for
Cardiac Rhythm (if monitored):

Dressing Location: Ø
☐ Dry and Intact
☐ Stable - min. - med. drainage
☐ Other:
Incision:
Drains / Tubes:
☐ Foley
☐ JP
☐ Hemovac / Autotransfusion drain
☐ Others:
☐ Other:

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

Lung Sougns (if abnormal):

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	Color:		☐ JP
	Consistency:		☐ Hemovac
			☐ Other:

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: ICU
Report given to ______ at ______ (time) by Sbros (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

17223