Hôpital Régional de Pembroke Regional Hospital

POST-OPERATIVE
TRANSFER OF ACCOUNTABILITY COMMUNICATION TOOL

Addressograph

Legend:
NPPV Non invasive positive pressure ventilation
EFT Enteral feeding tube

S Situation

Destination: ❒ SDC ❒ Surgical Program ❒ ICU ❒ LDRP ❒ Medical Program ❒ Rehab

CPR – Plan of Treatment: ❒ Not discussed ❒ DNR

B Background

Operative Procedure: _____ **Allergies:** _____

❒ Allergy Bracelet Applied

Risk Factors:
❒ Fall Risk ❒ Violence ❒ Agitation ❒ Delirium ❒ Cognition
❒ Language Barrier ❒ Hearing Impairment ❒ Visual Impairment
❒Other:

A Assessment

Most Recent Vital Signs: Time:_____ T: _____ P: _____ R: _____ BP: _____ Blood glucose by POCT: _____
$Sp0_2$: _____ ❒Room Air ❒O_2

Isolation: ❒ Airborne ❒ Contact ❒ Droplet ❒ MRSA ❒ C-Diff ❒ ESBL ❒Other:_____

Neuro Status: ❒ Alert & oriented ❒ Drowsy ❒ Decreased LOC ❒ Unresponsive ❒GCS: _____

Fall Risk: ❒ Yes ❒ No **Mobility:** Independent ❒ Up with Assist: ❒1 ❒2

Anesthetic: ❒ General ❒ Spinal Anesthetic/Intrathecal Opioids ❒ Epidural (See Epidural Flowsheet)
❒ Peripheral Nerve Block ❒ Sedation ❒ IV PCA Initiated ❒Epimorph

Pain Score: (1-10) _____ Last Analgesia: _____ at_____
Nausea: ❒Yes ❒No

Oxygen: _____% _____L/min Delivery Method: _____ **NPPV**: ❒ BiPAP ❒ CPAP
❒ Tracheostomy (Type/Size):_____ ❒Laryngectomy (Type/Size): _____ ETT (Size): _____

Chest tubes: #1 ❒Gravity ❒Suction at: _____ **#2** ❒Gravity ❒Suction at:_____

Drainage tubes: ❒NG ❒JP Drain ❒Vac Dressing ❒Percutaneous ❒Other:_____ Output:_____

Intravenous Therapy		**Fluid Type**	**Rate**
❒Central	❒Peripheral		
❒Central	❒Peripheral		

GU: Continent: ❒Yes ❒No: ❒Foley Catheter Urinary Output In Recovery:_____ Irrigation Level:_____

GI: Continent: ❒Yes ❒No ❒Passing Flatus ❒Ostomy:_____ ❒Nasogastric Output:_____

Diet: ❒Regular ❒Clear Fluid ❒NPO ❒Enteral Feeding Tube:_____ Other:_____

Skin: Dressing site:

R Recommendations

Significant Complications/Urgent Orders/Other Information:

Total Time in Recovery Room: _____

❒ Note for Work ❒ Prescription ❒ Discharge Instructions ❒ Orders reviewed & signed

Once you assess the patient, if you have any questions please call Recovery at ext. 8709

Print Name	Signature	Date (yyyy/mmm/dd)	Time
Sending Nurse:			
Receiving Nurse:			