Surgical Program

Transfer of Accountability (TOA) Tool

Patient Label

Date: _____

Patient Information

Allergies: ❑ NKA or _____

Surgery: _____ ❑ Consent Correct
If no, contact OR ASAP

Primary Language: ❑ English ❑ Other: _____

Precautions: ❑ Falls ❑ Contact ❑ Droplet ❑ Airborne Reason: _____

Personal Items (to OR): ❑ Glasses ❑ Dentures ❑ Hearing Aids ❑ CPAP (to PACU)

❑ Implant(s): _____

❑ Family Member/ Friend Waiting:_____

❑ Ride / Support at Home Confirmed (SDS only) ❑ Home Care Arranged (if applicable)

Same Day Surgery

❑ Anticoagulant(s) Stopped:_____ (date) IV Start: ❑ Yes ❑ No

Antibiotic(s): ❑ Yes ❑ No ❑ Other Meds given:_____

Tests: ❑ Pregnancy Test (negative within 4 days) ❑ Glucose: _____ ❑ INR: _____

❑ T&S:_____ (date) ❑ Other (Completed in SDS): _____

Critical Values: _____

Comments: _____

Same Day Surgery Nurse: _____

Operating Room

Procedure: ❑ No Change or _____

Anesthetic: ❑ Sedation ❑ Spinal ❑ General ❑ Epidural ❑ TAP Block

Skin Condition: ❑ Normal or _____

Lines: ❑ IV ❑ Arterial Line ❑ Central Line/ PICC Line

❑ Mesh ❑ Stent ❑ Sutures ❑ Staples ❑ Packing:_____

❑ Foley Catheter ❑ CBI ❑ Drains:_____

Local: Location:

❑ Bupivacaine ____% ❑ plain / ❑ w Epi _____

❑ Lidocaine ____% ❑ plain / ❑ w Epi _____

❑ Ropivacaine: _____

Other Medications: _____or ❑ On Anesthetic Record

Personal Items (to PACU): ❑ Glasses ❑ Dentures ❑ Hearing Aids

Intraop Events: _____

_____

Operating Room Nurse: _____