PACU HANDOFF CHECKLISTS

SURGERY CHECKLIST:		ANESTHESIA CHECKLIST:	
	PRIMARY SERVICE		SIGNIFICANT SURGICAL/MEDICAL HISTORY
	CONTACT PERSON/PAGER NUMBER		DRUG ALLERGIES
	PROCEDURE AND INCISION SITES (dressings, drains, tubes)		PACEMAKER/ICD? If Yes, needs interrogation?
	SIGNIFICANT SURGICAL EVENTS		RESISTANCE/SENSITIVITY TO ANESTHETICS/SEDATION?
	POST OP CARE (if applicable)		DIFFICULT AIRWAY?
	o BP Target:		OXYGENATION ISSUES?
	o Flap:	П	HEMODYNAMIC EVENTS/STABILITY
	o Positioning:		OTHER INTRAOP EVENTS
	o Other:		
	LABS/IMAGING: CT/MRI/CXR		SPECIAL ANALGESIA (ERAS premeds, Exparel, Nerve blocks)
	DISPOSITION: INPT/OUTPT/TRANS PACU/EXT RECOVERY		SPECIAL PATIENT CONCERNS (PONV, Chronic Pain, Communica- ble Disease, Language, Disability, Psychosocial)
_	ORDERS ENTERED? PRESCRIPTION VERIFIED? MEDICATION RECONCILIATION?		PRIMARY POST OP CONCERN
	PRIMARY POST OP CONCERN		ANESTHESIA CONTACTS: Anesthesiologist/CRNA
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