



Improving OR-to-ICU Handoffs with an EHR Handoff Report Pilot

by Joanna Abraham, PhD; Andrea Vannucci, MD; Kunal Karamchandani, MD; and Aalok Agarwala, MD, MBA

A COLLABORATIVE PARTNERSHIP BETWEEN MHC AND EPIC® (VERONA, WI)

In 2015, members of the American Society of Anesthesiologists and the Anesthesia Patient Safety Foundation formed the Multi-Center Handoff Collaborative (MHC) to advance safe and reliable patient handoffs. The MHC partners with health care organizations, professional societies, and health information technology vendors to co-develop and implement handoff tools nationwide. Its mission is to eliminate patient harm attributable to communication and teamwork failures during perioperative transitions of care by promoting a culture of teamwork, generating evidence, supporting implementation of best practices, and fostering education and training related to safer handoffs.

The MHC previously partnered with Epic® (Verona, WI) to develop an intraoperative anesthesia handoff tool that has since been implemented at institutions nationwide.¹ Building on that experience, the MHC Electronic Health Record (EHR) and Implementation Working Group, together with the Epic Anesthesia analyst team, co-led development of an Epic-embedded operating room-to-intensive care unit (OR-to-ICU) handoff report (hereafter referred to as the OR-ICU handoff report). Compared with other perioperative transitions, OR-to-ICU handoffs involve higher patient acuity, greater complexity, and more interdisciplinary teamwork, making reliable communication and coordination especially important.^{2,3} Embedding a standardized report within the EHR was therefore a logical next step to reduce safety gaps and support consistent information transfer.

The objective of this initiative was to create a standardized, workflow-integrated OR-to-ICU handoff report that strengthens communication and provides a dependable, accessible record of handoff information for all care team members.

CO-DEVELOPMENT PROCESS OF THE OR-ICU HANDOFF REPORT

Development of the OR-ICU handoff report was guided by monthly meetings of a multidisciplinary working group that included anesthesiologists, intensivists, certified registered nurse

anesthetists (CRNAs), bedside ICU nurses, researchers in clinical informatics, implementation science, and organizational sciences, and Epic analysts. The team first identified candidate handoff elements from prior research and input from MHC members. After selecting the core elements, the group developed multiple prototypes and refined them iteratively until consensus was reached on the report's content, structure, and format. The Epic team then further optimized the report for standardization, usability, feasibility, and integration within the EHR and postoperative workflow. This process resulted in a single-page, standardized OR-to-ICU handoff report that functions both as a cognitive aid for verbal handoffs and as formal EHR documentation. The final report was developed for both desktop (Hyperspace) (Figure 1) and mobile (Haiku) (Figures 2a and 2b) versions and was repeatedly reviewed to ensure that the workflow was easy for both sending and receiving teams to access and navigate.

FINAL PRODUCT: OR-ICU HANDOFF REPORT

The OR-to-ICU handoff report was designed to support reliable transfer of information, responsibility, and accountability between OR and ICU teams. Its standardized content includes medical history, surgical and procedural details, airway information, intravenous access and monitoring devices, fluid balance including blood products, medication allergies, home and perioperative medications, relevant laboratory data, and unexpected events (Table 1).

To reduce redundancy and cognitive burden, the report is embedded in the EHR sidebar and automatically populates real-time patient data while preserving visibility of the patient header, the active intraoperative medication grid, and graphical vital signs.

The OR-ICU handoff report is intended to streamline handoffs by helping clinicians present key preoperative and intraoperative information while also discussing the postoperative treatment plan. It is accessible to both OR teams (including anesthesia professionals and surgeons) and ICU teams (including critical care clinicians, advanced practice clinicians, respira-

tory therapists, and staff nurses) through multiple workflows. The report provides a concise, single-page summary and includes existing links to preoperative evaluations, recent laboratory results, imaging studies, and other relevant documentation. In addition, a free-text "Comments" section allows transferring and receiving clinicians to capture contextual details not reflected in structured data fields.

IMPLEMENTATION PROCESS OF THE OR-ICU HANDOFF REPORT

The OR-ICU handoff report was deployed across five pilot sites in the fall of 2025. To support implementation, Epic analysts provided TurboCharger packages and iteratively refined the technical workflows. Implementation strategies included engaging key stakeholders such as institutional leaders, anesthesia and critical care operations teams, OR and ICU nursing leaders, and Epic anesthesia analyst teams, as well as identifying clinician champions to lead adoption within their units. Educational efforts included clinician training sessions and the use of infographics and flyers to raise awareness. Targeted outreach through customized emails to OR and ICU clinicians provided workflow-specific guidance and supporting materials to promote effective use of the report.

CONCLUSION AND FUTURE WORK

This collaboration between the MHC and Epic resulted in a comprehensive, EHR-embedded OR-to-ICU handoff report designed to improve patient safety during high-risk care transitions. The initiative shows how cross-industry collaboration can translate evidence-based handoff principles into scalable, workflow-aligned tools. It also demonstrates the value of designing implementation and usability considerations alongside the tool itself.

We are conducting an ongoing multisite quality improvement study across six geographically and institutionally diverse academic medical centers to evaluate the feasibility, usability, and perceived effectiveness of the OR-ICU handoff report across diverse clinical environments, workflows, and implementation contexts. The participating sites include Washington University in St. Louis, the University of Minnesota, Yale University, the University of

Iowa, University of Texas Southwestern, and Cedars-Sinai. This multisite evaluation will provide critical evidence of the report's generalizability, scalability, and readiness for broader implementation. Findings will guide further optimization of the report and its associated workflow and lay the foundation for a future multisite cluster-randomized trial to determine its impact on clinical and patient outcomes.

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The authors report no conflicts of interest.

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1. Hong Mershon B, Vannucci A, Bryson T, et al. A collaborative partnership between the Multicenter Handoff Collaborative and an electronic health record vendor. *Appl Clin Inform* 2021;12(3):647-54. PMID: 34320682
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3. Lorinc A, Henson C. All handoffs are not the same: what perioperative handoffs do we participate in and how are they different? *APSF Newsletter*. 2017;32(2):29, 32-33. <https://www.apsf.org/article/all-handoffs-are-not-the-same-what-perioperative-handoffs-do-we-participate-in-and-how-are-they-different/>. Accessed June 6, 2026.

Figure 1. OR-ICU handoff report—Epic Hyperspace.

OR to ICU Handoff Report

Anesthesia Record Open Record

10/13/26
EMH OR 1 / EMH Operating Room

APPENDECTOMY, LAPAROSCOPIC (Abdomen)

Procedure

60 y.o.

Age

20.06

BMI

Anesthesiologist Two Anesthesia, MD

Responsible Provider

1.8 m (5' 10.87")

Height

0800

NPO Status

Hunter Timely, MD

Surgeons

65 kg

Weight

2

ASA Status

general

Anesthesia type

Problem List

Current as of 10/13/26 0830

Angina pectoris

Asthma

Awareness under anesthesia

Diabetes mellitus type 1

Hepatitis A

Hypertension

Osteoporosis

Pre-op Meds

Click to view

Pre Vitals

Current as of 10/13/26 0758

BP: 120/80

Pulse: 102

Resp: 18

SpO2:

Temp: 37.1 °C (98.7 °F)

Height: 1.8 m (5' 10.87") (10/13/26)

Weight: 65 kg (10/13/26)

BMI: 20.06

IBW: 70.5 kg

Last edited 10/13/26 0745 by AA

Intraprocedure I/O Totals

Intake

Fentanyl Drip

0.00 mL

The total shown is the total volume documented since Anesthesia Start was filed.

Propofol Drip

0.00 mL

The total shown is the total volume documented since Anesthesia Start was filed.

Phenylephrine Drip

0.00 mL

The total shown is the total volume documented since Anesthesia Start was filed.

ampicillin 1 g

1.00 mL

ePHEDrine injection

0.20 mL

glycopyrrolate 0.2 mg/mL

2.00 mL

midazolam 1 mg/mL

0.50 mL

neostigmine 1 mg/mL

0.50 mL

ondansetron 2 mg/mL

4.00 mL

Total Intake

8.2 mL

Encounter Notes

All notes Expand All Collapse All

Anesthesia Postprocedure Evaluation (1)

10/13/2026 8:19 AM Anesthesiologist Two Anesthesia, MD (Anesthesiology)

Anesthesia Procedure Notes (2)

10/13/2026 8:04 AM Arterial Line from Anesthesiologist Two Anesthesia, MD (Anesthesiology)

10/13/2026 8:03 AM Airway from Anesthesiologist Two Anesthesia, MD (Anesthesiology)

Additional Documentation

Anesthesia Record

All Op Notes

Labs and Imaging

Handoff Checklist

Flowsheets: Positioning, Anesthesia Checklist, I/O, Core Vitals/Respiratory, Vitals/Agents, Lines/Drains/Airways, Assess

Medications Summary

ASTM-colored "induction agents"

Medication Name Last Administration Last Time Calculated Total

propofol 10 mg/mL 150 mg 10/13/26 8:00 AM 150 mg

ASTM-colored "benzodiazepines/tranquilizers"

Medication Name Last Administration Last Time Calculated Total

midazolam 1 mg/mL 0.5 mg 10/13/26 8:00 AM 0.5 mg

Non-Depolarizing Neuromuscular Blockers

Medication Name Last Administration Last Time Calculated Total

rocuronium 55 mg 10/13/26 8:00 AM 55 mg

Neuromuscular Blocker Antagonist

Medication Name Last Administration Last Time Calculated Total

neostigmine 1 mg/mL 0.5 mg 10/13/26 8:00 AM 0.5 mg

Opioids

Medication Name Last Administration Last Time Calculated Total

fentanyl (SUBLIMAZE) injection 50 mcg 10/13/26 8:00 AM 50 mcg

ASTM-colored "major tranquilizers & anti-emetics"

Medication Name Last Administration Last Time Calculated Total

ondansetron 2 mg/mL 8 mg 10/13/26 8:00 AM 8 mg

ASTM-colored "local anesthetics"

Medication Name Last Administration Last Time Calculated Total

lidocaine 1% 25 mL 10/13/26 8:00 AM 25 mL

anticholinergics

Medication Name Last Administration Last Time Calculated Total

glycopyrrolate 0.2 mg/mL 0.4 mg 10/13/26 8:00 AM 0.4 mg

succinylcholine

Medication Name Last Administration Last Time Calculated Total

succinylcholine 20 mg/mL 8 mg 10/13/26 8:00 AM 8 mg

IV vasopressors

Medication Name Last Administration Last Time Calculated Total

ePHEDrine injection 10 mg 10/13/26 8:00 AM 10 mg

phenylephrine (Vazculine) 250 mcg in dextrose 5% 250 mL (1 mcg/mL) infusion 2 mcg/kg/min 10/13/26 8:00 AM 3.77 mg / 1 bag

Other

Medication Name Last Administration Last Time Calculated Total

ampicillin 1 g 1 g 10/13/26 8:04 AM 1 g

dexamethasone 10 mg/mL 10 mg 10/13/26 8:00 AM 10 mg

Treatment Team

Chat With All Active Members

Provider ED Prov Role Specialty From To

Hunter Timely, MD No Attending General Surgery 10/13/26 0810

Anesthesiologist Two Anesthesia, MD No Anesthesiologist Anesthesiology 10/13/26 0759

Hunter Timely, MD No Surgeon General Surgery 10/13/26 0744

Notable Events

Current as of 10/13/26 0830

Notable Event Source

Laryngospasm Notable Events

Handoff Comments

Comment

Anesthesiologist met with ICU attending and nurse. This report was reviewed as part of the Handoff.

Last edited by Anesthesiologist Two Anesthesia, MD on 10/13/26 at 0747

Blood Product Status Tracking

No orders found for Cryoprecipitate, FFP, Granulocytes, Pheresed Platelets, Platelets, RBC, Whole Blood

Postprocedure Vitals

Current as of 10/13/26 0829

BP: 121/84

Pulse: 89

Resp: 20

SpO2: 99

Temp: 37.2 °C (98.9 °F)

Height: 1.8 m (5' 10.87") (10/13/26)

Weight: 65 kg (10/13/26)

BMI: 20.06

IBW: 70.5 kg

Last edited 10/13/26 0818 by AA

ICP Monitoring

(From admission, onward)

None

Events

10/13/2026

0758 Anesthesia Start

0801 Start Data Collection

0816 Induction

0816 Intubation/Airway Placed

0816 Anesthesia Ready

0816 Stop Data Collection

0818 Handoff to Receiving Clinician

0829 Anesthesia Stop

Train of Four

10/13/2026

0802

Train of Four: 2/4

Last Vent Parameters

10/13/2026 0746 - 10/13/2026 0816

Vent Mode: BIPAP OFF

Tidal (Observed): 100 mL

PIP Observed: 1 cm H2O

Lines, Drains, and Airways

Type Details Duration

Peripheral IV Placement Date: 04/10/11 4716d

Peripheral IV Location: Forearm Orientation: Left Placement Date: 04/13/11 4714d

Urethral Catheter -- 4713d

Arterial Line Location: Radial Placement Date: 10/13/26 26m

Figure 2a. OR-ICU handoff report—Epic Haiku.

Review

Full Code | B.J.H648802 Penetrating abdominal trauma

✓ Anesthesia S... Yesterday 10:31 PM

Patient Details

Current as of 09/23/25 1042

HEIGHT	WEIGHT	BMI	ASA STATUS
174 cm (5' 8.5")	68 kg (150 lb)	22.48	1

Procedure Summary

DATE: 09/22/25
PROCEDURE: LAPAROSCOPY DIAGNOSTIC - NEGATIVE (Abdomen); EXPLORATION WOUND (Abdomen)
ANESTHESIA: General
SURGEONS: Thampy, Chelsea Ann, MD

Problem List

Current as of 09/23/25 1042

MUSCULOSKELETAL AND INJURIES

- (+) Contact with powered saw as cause of accidental injury
- (+) Fracture of femur
- (+) Injury to penis
- (+) Open wound
- (+) Penetrating abdominal trauma

Anesthesia History

Current as of 09/23/25 1042

Review

Full Code | B.J.H648802 Penetrating abdominal trauma

✓ Anesthesia S... Yesterday 10:31 PM

Anesthesia History

Current as of 09/23/25 1042

HISTORY: No medical history recorded

PERTINENT NEGATIVES: No pertinent negative medical history recorded

Surgical History

Current as of 09/23/25 1042

No surgical history recorded

Allergies

No Known Allergies

Reviewed by Long, Kaitlyn Elizabeth, RN on 9/22/2025

Patient Care Team

NAME	RELATIONSHIP
Unknown, Notinfile	PCP - General

Responsible Staff (09/22/25)

NAME	ROLE	BEGIN	END
Lee, Woo Kyung, MD	ANESTH	2055	2231
Uche, Chiamaka P., MD	ARESD	2055	2231

Review

Full Code | B.J.H648802 Penetrating abdominal trauma

✓ Anesthesia S... Yesterday 10:31 PM

Anesthesia Preprocedure Evaluation

By Lee, Woo Kyung, MD on 9/22/2025 9:09 PM

Home Medications

MEDICATION	LAST TAKEN	LAST UP-DATED
ibuprofen (ADVIL, MOTRIN) 600 mg tablet		
Take 1 tablet (600 mg total) by mouth every 6 (six) hours as needed for pain		

Preop Medications

MEDICATION	END DATE
acetaminophen (TYLENOL) tablet 1,000 mg	
Carrier Fluids for Secondary Infusion - 0.9% Sodium Chloride	
enoxaparin (LOVENOX) syringe 30 mg	
Lactated Ringer's (LR) infusion	
methocarbamol (ROBAXIN) tablet 500 mg	
oxycodone (ROXICODONE) tablet 5 mg	
sodium chloride 0.9% flush 0.5-20 mL	
sodium chloride 0.9% flush 0.5-20 mL	

Intraoperative Medications

Figure 2b. OR-ICU handoff report—Epic Haiku.

Review

Full Code | B.J.H648802 Penetrating abdominal trauma

✓ Anesthesia S... Yesterday 10:31 PM

Intraoperative Medications

Medication	Last Administration	Total
ERX INDUCTION AGENTS		
propofol	180 mg 9/22/25 9:01 PM	180 mg
ERX MUSCLE RELAXANTS		
rocuronium	20 mg 9/22/25 9:34 PM	50 mg
ERX NARCOTICS		
fentaNYL	50 mcg 9/22/25 9:31 PM	100 mcg
ERX VASOPRESSORS		
phenylephrine 100 mcg/mL	50 mcg 9/22/25 9:26 PM	250 mcg
ERX LOCAL ANESTHETICS		
lidocaine (cardiac) syringe 2 %	60 mg 9/22/25 9:01 PM	60 mg
ERX ANTICHOLINERGIC AGENTS		
glycopyrrolate	0.1 mg 9/22/25 9:27 PM	0.1 mg
ERX SUCCINYLCHOLINE		
succinylcholine	70 mg 9/22/25 9:01 PM	70 mg
OTHER		
LR	- 9/22/25 9:56 PM	1,000 mL / 1 bag
sugammadex	200 mg 9/22/25 9:48 PM	400 mg

Review

Full Code | B.J.H648802 Penetrating abdominal trauma

✓ Anesthesia S... Yesterday 10:31 PM

OTHER

LR	-	9/22/25 9:56 PM	1,000 mL / 1 bag
sugammadex	200 mg	9/22/25 9:48 PM	400 mg
ondansetron PF (ZOFTRAN) 2 mg/mL injection	4 mg	9/22/25 9:45 PM	4 mg
dexAMETHasone 4 mg/mL	4 mg	9/22/25 9:15 PM	4 mg
ceFAZolin	2,000 mg	9/22/25 9:06 PM	2,000 mg
LR	-	9/22/25 8:55 PM	0 mL / 1 bag

Last Abx Admin

No antibiotic administrations found within the last 12 hours.
No unadministered ABX orders found.

Airways

Airway: endotracheal airway; ETT; video laryngoscopy
Difficult airway: No
Mask difficulty: 0 - not attempted
Blade: Macintosh
ETT Size (mm): 8.0
ETT to lips (cm): 24
Attempts: 1

Lines, Drains and Airways

Review

Full Code | B.J.H648802 Penetrating abdominal trauma

✓ Anesthesia S... Yesterday 10:31 PM

Lines, Drains and Airways

Type	Details
Peripheral IV (17h)	Antecubital; Left; 09/22/25; 20 G
Peripheral IV (14h)	Antecubital; Right; 09/22/25; 18 G

Intraprocedure I/O Totals

OUTPUT	50
Urine	

Train of Four

TOF	9/22/25 2151 5" sustained tetany
-----	-------------------------------------

Post-Op Vitals

BP	9/22/25 2230 90/54
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Events

DATE	TIME	EVENT
9/22/2025	2050	Ready for Procedure
	2055	Anesthesia Start
	2055	Patient in Room
	2055	Start Data Collection
	2101	Induction
	2102	Intubation
	2106	Anesthesia Ready

Review

Not on file | MHB OR POOL (MHB OPER) No active principal problem

✓ Anesthesia S... 10/24/25 11:39 AM

Anesthesia Vent Settings

TOF	10/24/25 1104 2/4
Vent Mode	10/24/25 1052 Spontaneous
Resp	16

Post-Op Vitals

No data found in the last 10 encounters.

Events

DATE	TIME	EVENT
10/24/2025	1052	Anesthesia Start
	1052	Start Data Collection
	1054	Induction
	1056	Intubation
	1056	Anesthesia Ready
	1139	Anesthesia Stop

Patient Images

Handoff Survey Link

Table 1. Elements of the OR-ICU handoff report. Note: Preoperative (blue), intraoperative (yellow), and postoperative (red).

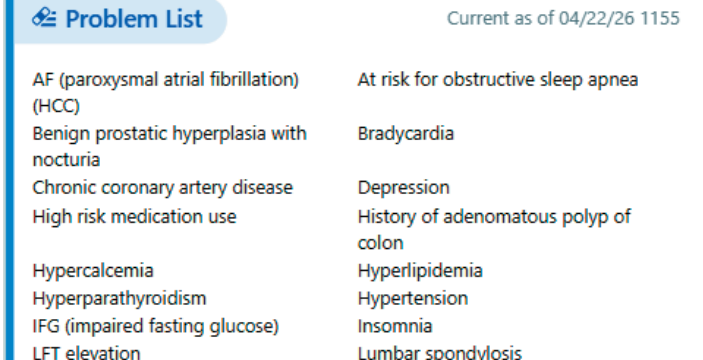
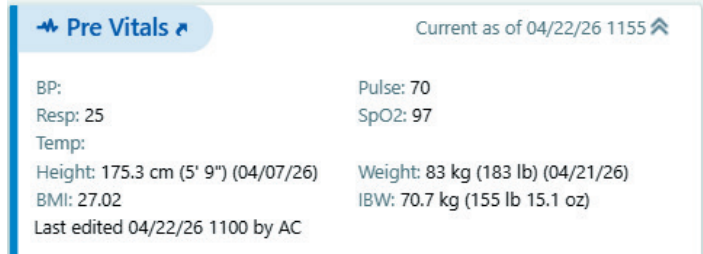
Anesthesia Record		Details about the patient and the procedure.
Problem List		Patient's current list of problems.
Pre-Op Meds		Link to patient's pre-op, home, holding area, and inpatient medications when applicable.
Pre-Vitals		Patient's pre-op vitals.

Table 1 (continued). Elements of the OR-ICU handoff report. Note: Preoperative (blue), intraoperative (yellow), and postoperative (red).

Intraprocedural Input and Output Totals	Intraprocedure I/O Totals Intake <table><tr><td>CRYOPRECIP - CROSSMATCHED</td><td>400.00 mL</td></tr><tr><td>FFP - CROSSMATCHED</td><td>300.00 mL</td></tr><tr><td>PLATELETS - CROSSMATCHED</td><td>400.00 mL</td></tr><tr><td>ketamine</td><td>0.00 mL</td></tr></table> The total shown is the total volume documented since Anesthesia Start was filed. <table><tr><td>electrolyte-A (PLASMA-LYTE) bolus</td><td>750.00 mL</td></tr><tr><td>Norepinephrine Drip</td><td>0.00 mL</td></tr></table> The total shown is the total volume documented since Anesthesia Start was filed. <table><tr><td>albumin 25 %</td><td>50.00 mL</td></tr><tr><td>albumin 5 %</td><td>250.00 mL</td></tr><tr><td>insulin Drip</td><td>0.00 mL</td></tr></table> The total shown is the total volume documented since Anesthesia Start was filed.	CRYOPRECIP - CROSSMATCHED	400.00 mL	FFP - CROSSMATCHED	300.00 mL	PLATELETS - CROSSMATCHED	400.00 mL	ketamine	0.00 mL	electrolyte-A (PLASMA-LYTE) bolus	750.00 mL	Norepinephrine Drip	0.00 mL	albumin 25 %	50.00 mL	albumin 5 %	250.00 mL	insulin Drip	0.00 mL	Patient's input (overall fluids, blood) and output (urine, blood, etc.).		
CRYOPRECIP - CROSSMATCHED	400.00 mL																					
FFP - CROSSMATCHED	300.00 mL																					
PLATELETS - CROSSMATCHED	400.00 mL																					
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Blood Products	Blood Products <table><tr><td>Blood Product</td><td>Total Units</td><td>Total Volume</td></tr><tr><td>CRYO</td><td>2</td><td>400</td></tr><tr><td>FFP</td><td>2</td><td>300</td></tr><tr><td>PLATELETS</td><td>2</td><td>400</td></tr></table>	Blood Product	Total Units	Total Volume	CRYO	2	400	FFP	2	300	PLATELETS	2	400	Patient's total units and volume of blood given intraoperatively.								
Blood Product	Total Units	Total Volume																				
CRYO	2	400																				
FFP	2	300																				
PLATELETS	2	400																				
Encounter Notes	Encounter Notes All notes Expand All Collapse All Anesthesia Postprocedure Evaluation (1) 4/21/2026 2:04 PM MD (Anesthesiology) [Cosign Needed] Anesthesia Procedure Notes (5)	Patient's procedure notes.																				
Additional Documentation	Additional Documentation Anesthesia Record Report Handoff Checklist Flowsheets: Vital Signs All Op Notes Labs and Imaging	Click to discover other detailed reports.																				
Train of Four	Train of Four 4/21/2026 1442 TOF: 4/4	Train of four ratio.																				
Last Vent Parameters	Last Vent Parameters 4/22/2026 1125 - 4/22/2026 1155 <table><tr><td></td><td>4/22/2026 1148</td><td>4/22/2026 1149</td><td>4/22/2026 1150</td><td>4/22/2026 1151</td></tr><tr><td>PIP Observed:</td><td>1 cm H2O</td><td>0 cm H2O</td><td>0 cm H2O</td><td>0 cm H2O</td></tr><tr><td></td><td>4/22/2026 1152</td><td>4/22/2026 1153</td><td>4/22/2026 1154</td><td>4/22/2026 1155</td></tr><tr><td>PIP Observed:</td><td>1 cm H2O</td><td>0 cm H2O</td><td>0 cm H2O</td><td>0 cm H2O</td></tr></table>		4/22/2026 1148	4/22/2026 1149	4/22/2026 1150	4/22/2026 1151	PIP Observed:	1 cm H2O	0 cm H2O	0 cm H2O	0 cm H2O		4/22/2026 1152	4/22/2026 1153	4/22/2026 1154	4/22/2026 1155	PIP Observed:	1 cm H2O	0 cm H2O	0 cm H2O	0 cm H2O	Patient's ventilator mode, and other ventilatory and oxygenation parameters.
	4/22/2026 1148	4/22/2026 1149	4/22/2026 1150	4/22/2026 1151																		
PIP Observed:	1 cm H2O	0 cm H2O	0 cm H2O	0 cm H2O																		
	4/22/2026 1152	4/22/2026 1153	4/22/2026 1154	4/22/2026 1155																		
PIP Observed:	1 cm H2O	0 cm H2O	0 cm H2O	0 cm H2O																		

Table 1 (continued). Elements of the OR-ICU handoff report. Note: Preoperative (blue), intraoperative (yellow), and postoperative (red).

Medication Summary	Medications Summary Ex Induction Agents <table><tr><td>Medication Name</td><td>Last Administration</td><td>Last Time</td><td>Calculated Total</td></tr><tr><td>propofol</td><td>120 mg</td><td>4/21/26 8:34 AM</td><td>120 mg</td></tr><tr><td>propofol</td><td>40 mcg/kg/min</td><td>4/21/26 2:05 PM</td><td>331.34 mg / 1 bag</td></tr></table> Ex Muscle Relaxants <table><tr><td>Medication Name</td><td>Last Administration</td><td>Last Time</td><td>Calculated Total</td></tr><tr><td>rocuronium</td><td>80 mg</td><td>4/21/26 8:34 AM</td><td>80 mg</td></tr></table> Ex Narcotics <table><tr><td>Medication Name</td><td>Last Administration</td><td>Last Time</td><td>Calculated Total</td></tr><tr><td>fentaNYL</td><td>100 mcg</td><td>4/21/26 12:58 PM</td><td>1,100 mcg</td></tr></table> Ex Vasopressors <table><tr><td>Medication Name</td><td>Last Administration</td><td>Last Time</td><td>Calculated Total</td></tr><tr><td>norepinephrine</td><td>16 mcg</td><td>4/21/26 12:18 PM</td><td>104 mcg</td></tr><tr><td>norepinephrine 8,000 mcg/250 mL (32 mcg/mL) LVP</td><td>0.02 mcg/kg/min</td><td>4/21/26 12:43 PM</td><td>0.45 mg / 1 bag</td></tr></table> Ex Hypotensive Agents <table><tr><td>Medication Name</td><td>Last Administration</td><td>Last Time</td><td>Calculated Total</td></tr><tr><td>niCARDipine</td><td>200 mcg</td><td>4/21/26 11:35 AM</td><td>800 mcg</td></tr></table> Ex Local Anesthetics <table><tr><td>Medication Name</td><td>Last Administration</td><td>Last Time</td><td>Calculated Total</td></tr><tr><td>lidocaine (cardiac) syringe 2 %</td><td>100 mg</td><td>4/21/26 8:34 AM</td><td>100 mg</td></tr></table>	Medication Name	Last Administration	Last Time	Calculated Total	propofol	120 mg	4/21/26 8:34 AM	120 mg	propofol	40 mcg/kg/min	4/21/26 2:05 PM	331.34 mg / 1 bag	Medication Name	Last Administration	Last Time	Calculated Total	rocuronium	80 mg	4/21/26 8:34 AM	80 mg	Medication Name	Last Administration	Last Time	Calculated Total	fentaNYL	100 mcg	4/21/26 12:58 PM	1,100 mcg	Medication Name	Last Administration	Last Time	Calculated Total	norepinephrine	16 mcg	4/21/26 12:18 PM	104 mcg	norepinephrine 8,000 mcg/250 mL (32 mcg/mL) LVP	0.02 mcg/kg/min	4/21/26 12:43 PM	0.45 mg / 1 bag	Medication Name	Last Administration	Last Time	Calculated Total	niCARDipine	200 mcg	4/21/26 11:35 AM	800 mcg	Medication Name	Last Administration	Last Time	Calculated Total	lidocaine (cardiac) syringe 2 %	100 mg	4/21/26 8:34 AM	100 mg	Total dose, last dose and time of medications administered intraoperatively.
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Lines, Drains and Airways	Lines, Drains, and Airways <table><tr><td>Type</td><td>Details</td><td>Duration</td></tr><tr><td>Peripheral IV</td><td>Location: Antecubital Location Orientation: Left Placement Date: 04/21/26 Size (Gauge): 20 G</td><td>1d</td></tr><tr><td>Urethral Catheter</td><td>Catheter Type: Straight-tip, Temperature probe, Non-latex</td><td>1d</td></tr><tr><td>CVC Quadruple Lumen</td><td>Location: Internal jugular Orientation: Right Placement Date: 04/21/26</td><td>1d</td></tr><tr><td>Introducer</td><td>Orientation: Right Location: Internal jugular Placement Date: 04/21/26</td><td>1d</td></tr><tr><td>Arterial Line</td><td>Location: Radial Orientation: Right Placement Date: 04/21/26</td><td>1d</td></tr><tr><td>Pacer Wires</td><td>--</td><td>1d</td></tr><tr><td>Chest Tube</td><td>Tube ID: A Chest Tube Orientation: Right Chest Tube Location: Pleural</td><td>23h</td></tr></table>	Type	Details	Duration	Peripheral IV	Location: Antecubital Location Orientation: Left Placement Date: 04/21/26 Size (Gauge): 20 G	1d	Urethral Catheter	Catheter Type: Straight-tip, Temperature probe, Non-latex	1d	CVC Quadruple Lumen	Location: Internal jugular Orientation: Right Placement Date: 04/21/26	1d	Introducer	Orientation: Right Location: Internal jugular Placement Date: 04/21/26	1d	Arterial Line	Location: Radial Orientation: Right Placement Date: 04/21/26	1d	Pacer Wires	--	1d	Chest Tube	Tube ID: A Chest Tube Orientation: Right Chest Tube Location: Pleural	23h	Patient's intravenous access, invasive hemodynamic monitors, and other devices.																																
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Table 1 (continued). Elements of the OR-ICU handoff report. Note: Preoperative (blue), intraoperative (yellow), and postoperative (red).

Treatment Team	Treatment Team Chat With All <table><thead><tr><th>Provider</th><th>Role</th><th>Specialty</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td>Attending</td><td>Vascular Surgery</td><td>02/01/26 0906</td><td>—</td></tr><tr><td></td><td>Resident</td><td>Plastic Surgery</td><td>02/03/26 1850</td><td>02/04/26 1358</td></tr><tr><td></td><td>Fellow</td><td>Infectious Diseases</td><td>02/02/26 1403</td><td>02/04/26 1607</td></tr><tr><td></td><td>Anesthesiologist</td><td>Anesthesiology</td><td>02/02/26 1631</td><td>—</td></tr><tr><td></td><td>Anesthesiologist</td><td>Anesthesiology</td><td>01/31/26 1820</td><td>—</td></tr><tr><td></td><td>Nurse Practitioner</td><td>Vascular Surgery</td><td>02/03/26 0527</td><td>—</td></tr><tr><td></td><td>Registered Nurse</td><td>—</td><td>02/03/26 1901</td><td>02/04/26 0701</td></tr></tbody></table>	Provider	Role	Specialty	From	To		Attending	Vascular Surgery	02/01/26 0906	—		Resident	Plastic Surgery	02/03/26 1850	02/04/26 1358		Fellow	Infectious Diseases	02/02/26 1403	02/04/26 1607		Anesthesiologist	Anesthesiology	02/02/26 1631	—		Anesthesiologist	Anesthesiology	01/31/26 1820	—		Nurse Practitioner	Vascular Surgery	02/03/26 0527	—		Registered Nurse	—	02/03/26 1901	02/04/26 0701	Patient's active treatment team for the patient.
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Postprocedure Vitals	Postprocedure Vitals Current as of 04/22/26 1155 BP: Pulse: 70 Resp: 25 SpO2: 97 Temp: Height: 175.3 cm (5' 9") (04/07/26) Weight: 83 kg (183 lb) (04/21/26) BMI: 27.02 IBW: 70.7 kg (155 lb 15.1 oz) Last edited 04/22/26 1100 by AC	Patient's postprocedural vitals.																																								
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Blood Product Status tracking	Blood Product Status Tracking <table><thead><tr><th>Product</th><th>Pending</th><th>Issued</th><th>Verified</th><th>Transfusing</th></tr></thead><tbody><tr><td>RBC</td><td>8 units</td><td>—</td><td>—</td><td>—</td></tr></tbody></table> No orders found for Cryoprecipitate, FFP, Granulocytes, Pheresed Platelets, Platelets, Whole Blood	Product	Pending	Issued	Verified	Transfusing	RBC	8 units	—	—	—	Number of units of each blood product type.																														
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Handoff comments	Handoff Comments Comment	Link to add any notable comments about the handoff.																																								
Handoff Evaluation Survey*	Click here for Handoff_Survey	Survey link to provide feedback on the handoff report.																																								

*Not part of the handoff report.