LibertyHealth
Jersey City Medical Center

CRITICAL CARE DIVISION
HAND OFF TOOL PLAN OF CARE

DO NOT WRITE IN THIS AREA

Admitting Diagnosis:			PATIENT LABEL MUST BE PLACED WITHIN THIS BOX
Attending Physician:	Allergies:		
Primary Language:	Religion:	Isolation: ❑ Yes ❑ No ❑ AFB ❑ Contact ❑ Droplet Source: _____	
Code Status: ❑ DNR ❑ Full Code ❑ Withdrawal of Care	Sharing Network notified for vented patients with GCS < 5 or loss of 2 or more cranial nerve reflexes Notified: _____ from Sharing Network		

PAST MEDICAL HISTORY & REASON FOR ADMISSION

Discharge Needs:

CONSULTS

Name	Service	Date Ordered	Completed

OPERATIVE/INVASIVE PROCEDURES COMPLETED	Completed

CORE MEASURES

AMI	CHF
Aspirin at arrival	Discharge Instructions* (Teach Book) Activity Level, Diet, D/C Meds, F/U Appointment, Weight Monitoring, What to do if symptoms worsen
Aspirin prescribed at discharge	Evaluation of LVS Function*
ACEI or ARB for EF < 40%	Core Measure CHF/AMI Note
Core measure CHF/AMI Note	ACEI or ARB for EF < 40%
Adult smoking cessation advice/couseling*	Adult smoking cessation advice/counseling*
Beta-Blocker prescribed at discharge	**PNEUMONIA**
Fibrinolytic therapy received within 30 minutes of hospital arrival	Antibiotic within 6 hrs of arrival and after blood cultures
Primary PCI received within 90 minutes of hospital arrival	Pneumococcal/Influenza evaluation
Statin prescribed at discharge@	Smoking cessation advice/counseling
STROKE	**SCIP**
t-PA considered	Prophylactic antibiotic received within one hour prior to surgical incision
Dysphagia screen	Prophylactic antibiotic selection for surgical patients
DVT prophylaxis	Prophylactic antibiotics discontinued within 24 hours after surgery end time
LDL > 100 mg/dl and statin prescribed	Cardiac surgery patients with controlled 6 a.m. postoperative blood glucose POD #1 POD #2
Smoking cessation	Surgery patients with appropriate hair removal
Stroke education documented	Urinary catheter removed on postoperative day 1 (POD 1) or
Assessed for rehab	Postoperative day 2 (POD 2) with day of surgery being day zero@
Antithrombotic meds started within 48 hours (ischemic stroke)	Surgery patients with perioperative temperature management@
Antithrombotic meds and statin prescribed at discharge	Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period
Anticoagulants prescribed to pts. w/ aflb	Surgery patients with recommended venous thromboembolism prophylaxis ordered
***If core measures are not yet, contraindications must be documented in the medical record**	Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery

Contact Person:	Relationship:

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4170CRP

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Pain: Delirium: Prevention Strategies in place: ❑ Yes	Analgesia: Ordered ❑ Yes ❑ No Pain Score: _____ Current CAM ICU: _____
Cardiac: Vital Signs:	HR: _____ BP: _____ T-MAX: _____
Pulmonary: Vent Settings:	O2 Sat: _____ Trach: _____ Mode: _____ TV: _____ Rate: _____ FiO2: _____ Peep: _____ PS: _____ OET Size: _____ Lip Level: _____ Site: _____ ARDS: P/F ratio: _____ ARDS Protocol Ordered: ❑ Yes ❑ NA
Bundles:	Severe Sepsis/Septic Shock: present? ❑ Yes ❑ NA Protocol ordered? ❑ Yes ❑ NA ❑ BSI Bundle Compliance VAP Bundle Compliance ❑ NA Y / N / NA
GI: Nutrition:	Diet: _____ ❑ Goal Rate: _____ ❑ Current Rate: _____ ml/hr ❑ Interrupted > 4 hours in past 24 hrs ❑ Diet modification needed ❑ Yes ❑ No
Metabolic: Goal Glucose:	Accuchecks: _____ Glucose Control: range within last 24 hrs: _____ ❑ Insulin Protocol: ❑ Yes ❑ No
GU:	I: _____ O: _____ ❑ CAUTI Bundle Compliance ❑ NA
PIV Site: _____ Due to be changed on: _____ Central Line PICC TLC PAC Day #: _____	Infusions:
Sedative:	RASS Goal: _____ RASS Current Score: _____ Sedation order form to be used for vented patients
Activity / ADLs / Safety:	Fall Risk ❑ Yes ❑ No PT ❑ Ordered ❑ Active Restraints ❑ Yes ❑ No OT ❑ Ordered ❑ Active Start Date/Time: _____ ❑ Swallow eval done Pass/Fail: _____
Tests / Bloodworks:	
Special NSG Issues Short Term Plan Psychosocial Emotional Consideration	
Skin: Decub ❑ Yes ❑ No	Site/Stage: _____ Tx: _____ Air Mattress ❑ Yes ❑ No Specialty Bed Needed/Ordered ❑ Yes ❑ NA Wound Care Nurse Consulted ❑ Yes ❑ NA
RN Name (PRINT) Signature:	

Plan of Care Renewed By:

MD: _____	Palliative Care: _____	CNL: _____
RN: _____	Pharmacy: _____	Management: _____
Charge RN: _____	CM: _____	Other: _____
RT: _____	SW: _____	_____

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