LibertyHealth
Jersey City Medical Center

INTERDISCIPLINARY PLAN OF CARE/HAND OFF TOOL

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Admitting Diagnosis:

Reason for Admission:

PATIENT LABEL MUST BE PLACED WITHIN THIS BOX

Past Medical History:

Allergies:

Attending Physician: | **Primary Language:** | **Religion:**

Isolation: ☐ Yes ☐ No
Date of Isolation: ☐ AFB ☐ Contact ☐ Droplet Source: _____ D/C Date: _____
Date of Isolation: ☐ AFB ☐ Contact ☐ Droplet Source: _____ D/C Date: _____

Code Status: ☐ DNR Date: _____ ☐ Withdrawal of Care Date: _____ ☐ Full Code

Sharing Network notified for vented patients with GCS < 5 or loss of 2 or more cranial nerve reflexes
Notified: Date & Time:

CONSULTS

Name/Service	Date Ordered	Date Completed	Name/Service	Date Ordered	Date Completed

OPERATIVE / INVASIVE PROCEDURES

	Date Completed		Date Completed

ANTICIPATED DISCHARGE PLAN

Date		Initials

Signature:	Initials:	Signature:	Initials:	Signature:	Initials:

Contact Person: | **Relationship:**

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CORE MEASURES

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

Date: Signature / Role:

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PROBLEM	RECOMMENDATION	DATE IDENTIFIED	DATE RESOLVED

GOALS / PROBLEMS REVIEWED BY

Signature/Role:	Date:	Signature/Role:	Date:	Signature/Role:	Date:

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Date:	Patient Needs/Goals:	Shift:

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Neuro: GCS: _____ Neuro check every: _____ Pupils: _____

Pain Management:
Site: _____
Current Pain Score: _____ Goal: _____

Sedation: Current RASS: _____ **Delirium:** Prevention Strategies in Place ☐ Yes Delirium Protocol in place ☐ Yes ☐ NA
RASS Goal: _____ Overall CAM ICU: ☐ Positive ☐ Negative ☐ UTA

Sedation / Analgesic / Delirium Medication:

Baseline TOF: _____ TOF: _____ **Refered to "Algorithm for Sedation, Analgesia, & Delirium Management in Vented Patients"** ☐ Yes ☐ NA

Hemodynamics: HR Range: HR Goal: BP Range: MAP Goal: Cardiac Rhythm: _____
Cardiac monitor alarms on and parameters set ☐ Yes RR Range: RR Goal: Temp Range: Temp Goal: _____
Invasive Parameters / Goals: _____
IV Drips / Medications:

Major Space

Peripheral / Central / Arterial Line: PIV Site: Day #: _____ PIV Site: Day #: _____ PIV Site: Day #: _____
TLC Site: Line Day #: PICC Site: Line Day #:
Aline Site: Line Day #: PAC: _____ Access Date: _____ Portacath

Oxygenation: SaO2 Range: _____ SaO2 Maintained at Greater Than: _____ % Maintain VT Near 6ml/kg for IBW ☐ Yes ☐ NA
OET Site / Size / Lip level: _____ Trach Size / Type: _____
TV: Rate: Flo2: Peep: PS: Mode: ARDS / ALI: P/F Ratio: _____
Other: _____ Incentive Spirometer every 1 hour while awake ☐ Yes ☐ NA Patient Achieved: _____ cc volume

Metabolic: Glucose Range: _____ Glucose Goal: _____ On Insulin Drip / Sliding Scale Protocol ☐ Yes ☐ NA

Nutrition: Diet: _____ % of Diet Consumed Breakfast: _____ Lunch: _____ Dinner: _____
Tube Feeding Rate: _____ Goal Rate: _____ Dietician Referral ☐ Yes ☐ NA Swallowing Eval Pass ☐ Yes ☐ NA

GU & Fluid & Electrolyte I: _____ O: _____
IVF/Medication:
Maintain Urine Output > 0.5ml/kg/hr ☐ Yes ☐ NA

Diagnostics / Labs:

Bundles: Severe Sepsis / Septic Shock Protocol in Place ☐ Yes ☐ NA CLABSI Bundle in place ☐ Yes ☐ NA
VAP Bundle in place ☐ Yes ☐ NA CAUTI Bundle in place ☐ Yes ☐ NA

Safety / Activity: Fall Protocol Continued ☐ Yes ☐ NA PT/OT Continued ☐ Yes ☐ NA Call Bell within easy reach ☐ Yes
Ambulation Goal: _____ ☐ NA Assist / Provide Hygiene Management ☐ Yes
VTE Prophylaxis ☐ Yes OOB to Chair Every: _____

Skin Integrity: Site / Stage: _____
Air Mattress ☐ Yes ☐ NA Specialty Bed Needed/Ordered ☐ Yes ☐ NA Wound Care RN Referral ☐ Yes ☐ NA

Teaching & Psychosocial: Established goals with patient and/or family ☐ Yes ☐ NA
Updated Patient and/or Family of disease process, clinical status, plan of care and orientation to surroundings ☐ Yes ☐ NA
Patient/Family verbalizes understanding of Dx, plan of care and participates in decision making ☐ Yes ☐ NA

Plan of Care Reviewed By: Outgoing RN: _____ MD: _____
Management: _____ Primary RN: _____ RT: _____
CNL: _____ Charge RN: _____ Palliative Care: _____
Pharmacy: _____ CM/SW: _____ Dietician: _____

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