



ICU Pre-OP Huddle: Recommended Pre-Op Discussion Points



Date: _____

Completed by: _____

ICU Provider

Intensivist/APP present: _____

- Brief description of patient history and major problems
- Indication for surgery and previous treatments, if applicable
- Review of hemodynamics for the past 24 hours
- Review of last lab pertinent results
- Does the patient need lines to be placed in the OR for post op care?

Surgery

Surgeon/APP present: _____

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Brief description of the procedure and goal of surgery <input type="checkbox"/> Anticipated duration of surgery <input type="checkbox"/> Planned incision and positioning for surgery | <ul style="list-style-type: none"> <input type="checkbox"/> Anticipated difficulties and blood loss <input type="checkbox"/> Foley, NG tube, etc. <input type="checkbox"/> Antibiotic prophylaxis |
|--|--|

ICU RT

RT present: _____

- ET tube size, tube depth, cuffed vs uncuffed, difficult (yes/no)
- If intubated, is there a leak?
- Last vent settings
- Changes in last 24 hours
- Secretion management

ICU Bedside Nurse

Nurse present: _____

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Verification of consents <input type="checkbox"/> NPO status <input type="checkbox"/> Weight | <ul style="list-style-type: none"> <input type="checkbox"/> Description of lines with identification of primary line for injections <input type="checkbox"/> Meds and fluids currently infusing <input type="checkbox"/> Meds due in the OR |
|---|--|

Anesthesia

Anesthesiologist/CRNA present: _____

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> OR and postoperative airway plan <input type="checkbox"/> Lines to be placed in OR <input type="checkbox"/> Specific considerations for the patient | <ul style="list-style-type: none"> <input type="checkbox"/> Blood product plan <input type="checkbox"/> Regional pain management plan |
|--|---|

OR Nurse

Nurse present: _____

- Additional information / comments

Disclaimer: This document is intended solely as a resource to assist physicians and APPs in providing quality patient care. It does not establish a community standard of health care practice, nor is it intended to replace clinical judgment or the individualized assessment of each patient's unique circumstances. The recommendations contained herein are based on the best available evidence at the time of publication, but may not be appropriate in all situations.



Date: _____

Completed by: _____

Circulator and bedside RN

Circulator/RN present: _____

Verify patient identity

Obtain VS

Surgery

Surgeon/APP present: _____

- Description of the procedure
- Operative complications/issues
- Plan for care of wound/dressing/ostomy
- Plan for respiratory support and sedation
 - Anticipated duration of intubation
 - Non-invasive positive pressure permitted postop? Level/device?

- Pain management plan post-op
- Plan for antibiotics
- Foley, NG, drains, etc.
- Plan for feeding
- Parents updated?
- Other considerations

Anesthesia

Anesthesiologist/CRNA present: _____

- ET tube size, tube depth, cuffed vs uncuffed, blade, view
- OR vent settings
- OR vital signs
- Lines (peripheral, central, etc.)
- Meds and fluids currently infusing

- Timing of sedation, narcotics, paralytic, and antibiotics
- Blood products and fluids given
- Unanticipated events
- Last pertinent labs
- EBL/UOP

ICU Intensivist

Intensivist/APP present: _____

- Questions?
- Orders needed?

ICU Bedside Nurse

Nurse present: _____

- Questions?

ICU RT

RT present: _____

- Questions?

OR Nurse

Nurse present: _____

- Signed and held orders reviewed and released
- Additional information / comments

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