APPENDIX 1

Pre-intervention SBAR Handover Form (Cardiothoracic)

1. Situation *(What's the main diagnosis requiring surgery?)*		
Admitting Diagnosis:		
Operation Performed:		
2. Background *(Pertinent past medical, anaesthesia and operation issues)*		
Past Medical History of Note	☐ No ☐ Yes, handed over as per preop assessment sheet	
Allergy	☐ No ☐ Yes, specify:	
Complications during anaesthesia/line settings		
Complications during operation		
Airway	ETT size / length	
	Difficulties encountered	
Respiratory	OT Ventilator settings	
	Ventilation Issues	
Bypass Details	CPB time *(any circulatory arrest involved?)*	
	Aortic Cross Clamp Time	
Cardiovascular Concerns	HR	
	BP	
	CVP	
	Others *(eg: ? TEE done)*	
Intake/Output	Fluids	☐ Handed over
	Blood products	☐ Handed over
	Blood loss	☐ Handed over
	Urine output	☐ Handed over
2. Background Cont'd *(Pertinent past medical, anaesthesia and operation issues)*		
Temperature Control Concerns		
Pain/sedation status	Paralysis reversed?	
	Pain/Sedation meds	
	Pain team involved?	
Neurology	Any concerns?	
IV infusions		
Drains/Tubes/Lines	For surgeon to pass and in notes	
3. Assessment *(Anything we should look out for postoperatively?)*		
Post-op concerns	Respiratory/Ventilation	
	Cardiovascular	
	Renal	
	Metabolic/Electrolytes	
	Haematology	
	CNS	
	Others	
4. Recommendations *(Anything we should follow up on and any recommendations?)*		
Issues requiring follow-up		
Orders requiring follow-up		
Pending tests/histology		

Handed over by:
Anaesthesia Team

Handed to:
ICU Team

APPENDIX 2

Post-Intervention SBAR Handover Form

KK Women's and Children's Hospital
SingHealth

SBAR Anaesthesia Handover Form

Patient's name label

Patient's weight: _____

Discipline: _____

□ **Preoperative Handover** □ **Postoperative Handover**

Situation (What's the main diagnosis requiring surgery?)	
Admission diagnosis:	
Operation performed:	

Background (Pertinent past medical, anaesthesia and operation issues)			
Past medical history:	□ None	□ specify pertinent medical history:	
Allergy:	□ None	□ Yes, specify:	
Airway:	□ NA	ETT size:_____ Uncuff / Cuff (cuff pressure:_____cmH2O) Anchored at _____cm at lips / nostrils □ Right □ Left	
		Easy / Difficult	
		Others: (e.g. tracheostomy, CPAP)	
OT ventilator settings:	□ NA	Settings:_____ PIP:_____ PEEP:_____ RR:_____ FiO2:_____	
		Issues: □ None □ Yes, specify:_____	
Lines:	□ NA	Peripheral/s: _____ Arterial: _____ CVP:_____ _____cm _____fr	
		Complications during setting: □ None □ Yes, specify:_____	
Complications during anaesthesia:	□ None □ NA	□ Yes, specify:	
Cardiovascular concerns: *Please indicate the range*	HR:_____ BP: _____ CVP: □ None □ Have:_____ _____ *(Please refer to the anesthesia record for hemodynamic TRENDS: for post op handover)* Arrhythmias: □ None □ Have:(specify)_____ Others:		
Ongoing IV infusions (Inotropic support, blood products, etc.):	□ None	□ Yes: specify,	
For CTS cases:	□ Non-CPB □ NA	CPB time:_____ Aortic cross clamp time:_____ Any Circulatory arrest involved? : □ No □ Yes MUF : □ No □ Yes	
Intake	□ None	Fluids given	
	□ None	Blood products given	
Output	□ NA	Estimated blood loss	
	□ NA	Urine output	

Background Continued (Pertinent past medical, anaesthesia and operation issues)			
Temperature control issues:	□ None	□ Yes, specify:	
Concerns for neurology:	□ None	□ Yes, specify:	
Antibiotics given in the OT	□ None	□ Yes, specify (please include the time of last dose)	
Anaesthetic and pain concerns:	Paralysis reversed?	□ NA □ No □ Yes	
	Pain/Sedation medication (infusion):	□ None □ Yes, specify:	
	On acute pain service	□ No □ Yes (PCA / Epidural)	
Surgical site:	□ Head □ Neck □ Thorax □ Upper abdomen □ Lower abdomen ☒ Back □ Pelvic □ UL □ LL		
Complications during surgery:	□ None □ NA	□ Yes: (For surgeon to pass)	
Surgical drains/tubes:	□ None □ NA	□ Yes: (For surgeon to pass)	

Assessment (Any pre/postoperative concerns we should look out for?)		
Respiratory/ ventilation:	□ None	□ Yes, specify:
Cardiovascular	□ None	□ Yes, specify:
Renal, metabolic and electrolytes	□ None	□ Yes, specify:
	Most Recent Na:_____ K:_____ Ca:_____ BE:_____Gluc:_____	
Haematology	□ None	□ Yes, specify:
	Most recent Hb:_____ Hct:_____ Available remaining blood products:	
CNS	□ None	□ Yes, specify:
Others	□ None	□ Yes, specify:

Recommendations (Anything we should follow up on and any recommendations?)		
Issues and/or orders requiring follow-up :	□ None	□ Yes, specify:
Pending tests/histology	□ None	□ Yes, specify:

Handed over by (Anaes) Dr. _____ MCR: _____
Name and Signature
Date: _____ Time: _____
Contact number: _____

Handed over to (ICU) Dr. _____ MCR: _____
Name and Signature
Date: _____ Time: _____

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