### 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**

<table>
<thead>
<tr>
<th>Airway</th>
<th>ETT size / length</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Difficulties encountered</td>
</tr>
<tr>
<td>Respiratory</td>
<td>OT Ventilator settings</td>
</tr>
<tr>
<td></td>
<td>Ventilation Issues</td>
</tr>
<tr>
<td>Bypass Details</td>
<td>CPB time</td>
</tr>
<tr>
<td></td>
<td><em>(any circulatory arrest involved?)</em></td>
</tr>
<tr>
<td></td>
<td>Aortic Cross Clamp Time</td>
</tr>
<tr>
<td>Cardiovascular Concerns</td>
<td>HR</td>
</tr>
<tr>
<td></td>
<td>BP</td>
</tr>
<tr>
<td></td>
<td>CVP</td>
</tr>
<tr>
<td></td>
<td>Others <em>(eg: ? TEE done)</em></td>
</tr>
<tr>
<td>Intake/Output</td>
<td>Fluids</td>
</tr>
<tr>
<td></td>
<td>□ Handed over</td>
</tr>
<tr>
<td></td>
<td>Blood products</td>
</tr>
<tr>
<td></td>
<td>□ Handed over</td>
</tr>
<tr>
<td></td>
<td>Blood loss</td>
</tr>
<tr>
<td></td>
<td>□ Handed over</td>
</tr>
<tr>
<td></td>
<td>Urine output</td>
</tr>
<tr>
<td></td>
<td>□ Handed over</td>
</tr>
</tbody>
</table>

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

**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 □ specify pertinent medical history:

- 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 □ specify pertinent medical history:

- Settings: _______ PIP: _______ PEEP: _______ RR: _______ FiO2: _______
- Issues: □ None □ Yes, specify _______

**Lines:** □ NA □ specify pertinent medical history:

- Peripheral/s: _______
- Arterial: _______
- CVP: _______ cm _______ Fr
- Complications during setting: □ None □ Yes, specify:

**Complications during anaesthesia:** □ None □ NA □ specify pertinent medical history:

**Cardiovascular concerns:**

**HR:** _______

**BP:** _______

**CVP:** □ None □ Have: _______

(please refer to the anaesthesia record for hemodynamic TRENDS; for post op handover)

**Arrhythmias:** □ None □ Have: (specify) _______

**Others:** _______

**Ongoing IV infusions (inotropic support, blood products, etc.):** □ None □ specify:

**For CTS cases:** □ Non-CPB □ NA

- CPB time: _______
- Aortic cross clamp time: _______
- Any Circulatory arrest involved? □ No □ Yes
- MUF □ No □ Yes

**Intake**

□ NA □ Specify:

- Fluids given:
- Blood products given:

**Output**

□ NA □ Specify:

- Estimated blood loss:
- Urine output:
### Background Continued
(Pertinent past medical, anaesthesia and operation issues)

<table>
<thead>
<tr>
<th>Temperature control issues:</th>
<th>☐ None</th>
<th>☐ Yes, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns for neurology:</td>
<td>☐ None</td>
<td>☐ Yes, specify:</td>
</tr>
<tr>
<td>Antibiotics given in the OT</td>
<td>☐ None</td>
<td>☐ Yes, specify (please include the time of last dose)</td>
</tr>
<tr>
<td>Anaesthetic and pain concerns:</td>
<td>Paralysis reversed?</td>
<td>☐ NA ☐ No ☐ Yes</td>
</tr>
<tr>
<td></td>
<td>Pain/Sedation medication (infusion):</td>
<td>☐ None ☐ Yes, specify:</td>
</tr>
<tr>
<td></td>
<td>On acute pain service</td>
<td>☐ No ☐ Yes (PCA / Epidural)</td>
</tr>
<tr>
<td>Surgical site:</td>
<td>☐ Head ☐ Neck ☐ Thorax ☐ Upper abdomen ☐ Lower abdomen &amp; Back ☐ Pelvic ☐ UL ☐ LL</td>
<td></td>
</tr>
<tr>
<td>Complications during surgery:</td>
<td>☐ None</td>
<td>☐ NA ☐ Yes: (For surgeon to pass)</td>
</tr>
<tr>
<td>Surgical drains/tubes:</td>
<td>☐ None</td>
<td>☐ NA ☐ Yes: (For surgeon to pass)</td>
</tr>
</tbody>
</table>

### Assessment
(Any pre/postoperative concerns we should look out for?)

<table>
<thead>
<tr>
<th>Respiratory/ventilation:</th>
<th>☐ None</th>
<th>☐ Yes, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>☐ None</td>
<td>☐ Yes, specify:</td>
</tr>
<tr>
<td>Renal, metabolic and electrolytes</td>
<td>☐ None</td>
<td>☐ Yes, specify:</td>
</tr>
<tr>
<td></td>
<td>Most Recent Na: K: Ca: BE: Gluc:</td>
<td></td>
</tr>
<tr>
<td>Haematology</td>
<td>☐ None</td>
<td>☐ Yes, specify:</td>
</tr>
<tr>
<td></td>
<td>Most recent Hb: Hct: Available remaining blood products:</td>
<td></td>
</tr>
<tr>
<td>CNS</td>
<td>☐ None</td>
<td>☐ Yes, specify:</td>
</tr>
<tr>
<td>Others</td>
<td>☐ None</td>
<td>☐ Yes, specify:</td>
</tr>
</tbody>
</table>

### Recommendations
(Anything we should follow up on and any recommendations?)

<table>
<thead>
<tr>
<th>Issues and/or orders requiring follow-up:</th>
<th>☐ None</th>
<th>☐ Yes, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending tests/histology</td>
<td>☐ None</td>
<td>☐ Yes, specify:</td>
</tr>
</tbody>
</table>

**Handed over by (Anaest)**
Dr. __________________________ Name and Signature
Date: ________________________ Time: ____________________
Contact number: __________________

**Handed over to (ICU)**
Dr. __________________________ Name and Signature
Date: ________________________ Time: ____________________