HANDOFF COMMUNICATION CASE EXAMPLE

NCQC PSO Safe Table – October/November 2015

Patient: Smith, Richard
Medical Record #: 87654321
Date of Birth: 3/1/22 (age = 93)

Mr. Smith presented to the ED this morning via EMS with cough, purulent sputum, fever and dyspnea. He was hypoxic with a HR of 110 on arrival. Temperature of 102 and WBC 24K in the ED. Working diagnosis in the ED is suggestive of right lower lobe pneumonia and sepsis. He is being admitted to Dr. Brown for further treatment.

Past Medical History:
Stage IV squamous cell lung carcinoma; history of DVT; admitted two months ago for pneumonia. Currently in hospice receiving palliative therapy

Surgical History:
Left lower lobe wedge resection in January 2014; total knee replacement 1998

Medications:
Medication history was started in ED but is not complete. Medications received in ED include Vancomycin, Cefepime, and Morphine

Social History:
History of tobacco abuse; quit 8 years ago. No alcohol or illicit drug use. Lives at skilled nursing facility
Allergies: Bactrim
Code Status: DNR/DNI
Weight: 57 kg
Access: PIV (established in the field)

ED Working Diagnosis and Summary

1) Pneumonia, healthcare associated
   - Vancomycin and Cefepime given in the ED
   - PICC line ordered
   - On supplemental oxygen therapy
   - DNR/DNI comfort care
2) Sepsis
   - Received 2 L normal saline in ED and HR improved to 80s. Urine output has been low.
   - Maintaining BPs
   - Broad spectrum antibiotics started in the ED
3) Squamous cell lung carcinoma
   - Currently in hospice and receiving comfort care only
   - Family does not want him transferred to ICU for intubation or aggressive vasopressor support if he should worsen

HANDOFF COMMUNICATION CASE EXAMPLE - SBAR

NCQC PSO Safe Table – October/November 2015

Patient: Smith, Richard
Admission: Today (arrived in ED 9 hours ago)
Date of Birth: 3/1/22
Medical Record #: 87654321
Admitting MD: Brown, Jack
Code Status: DNR/DNI
Allergies: Bactrim
Weight: 57 kg
Access: PIV (established in the field)

Situation
93 year old male with working diagnosis of right lower lobe pneumonia and sepsis is being admitted to Dr. Brown.

Background
Patient has a history of stage IV squamous cell lung carcinoma and tobacco abuse currently in hospice and receiving palliative therapy who presented to ED via EMS with cough, purulent sputum, fever and dyspnea. He was Hypoxic with a HR of 110 on arrival. Temperature of 102 and WBC 24K in the ED. Receiving hospice care at a skilled nursing facility; admitted two months ago for pneumonia.

1) Pneumonia, healthcare associated
    - Vancomycin and Cefepime given in the ED
    - PICC line ordered
    - On supplemental oxygen therapy
    - DNR/DNI comfort care
2) Sepsis
    - Received 2 L normal saline in ED and HR improved to 80s.
    - Maintaining BPs
    - Broad spectrum antibiotics started in the ED
3) Squamous cell lung carcinoma
    - Currently in hospice and receiving comfort care only. Morphine given in ED
    - Family does not want him transferred to ICU for intubation or aggressive vasopressor support if he should worsen

Assessment
- Check patient's urine output at 1 am. He has received fluid in the ED but urine output has been low.

Recommendations
- Check the admitting physician's orders about foley output.

HANDOFF COMMUNICATION CASE EXAMPLE - IPASS

NCQC PSO Safe Table – October/November 2015

Patient: Smith, Richard
Admission: Today (arrived in ED 9 hours ago)
Date of Birth: 3/1/22
Medical Record #: 87654321
Admitting MD: Brown, Jack

Code Status: DNR/DNI
Allergies: Bactrim
Weight: 57 kg
Access: PIV (established in the field)

Illness Severity: Watcher

Patient Summary

Richard Smith is a 93 year old male with stage IV squamous cell lung carcinoma and tobacco abuse currently in hospice and receiving palliative therapy who presented to ED via EMS this morning with cough, purulent sputum, fever and dyspnea. Working diagnosis is a right lower lobe pneumonia and sepsis. He was Hypoxic with a HR of 110 on arrival. Temperature of 102 and WBC 24K in the ED. Receiving hospice care at a skilled nursing facility; admitted two months ago for pneumonia.

1) Pneumonia, healthcare associated
    - Vancomycin and Cefepime given in the ED
    - PICC line ordered
    - On supplemental oxygen therapy
    - DNR/DNI comfort care
2) Sepsis
    - Received 2 L normal saline in ED and HR improved to 80s.
    - Maintaining BPs
    - Broad spectrum antibiotics started in the ED
3) Squamous cell lung carcinoma
    - Currently in hospice and receiving comfort care only. Morphine given in ED.
    - Family does not want him transferred to ICU for intubation or aggressive vasopressor support if he should worsen

Action List

- Medication history collection was started but patient is not reliable and record from SNF is incomplete. Need to follow-up on obtaining history to assist attending with medication reconciliation. He is allergic to Bactrim.
- Admission orders were completed but VTE prophylaxis was not addressed. Suggest follow-up with physician.
- Check patient's urine output at 1 am. He has received fluid in the ED but urine output has been low. Check the admitting physician's orders about foley output.

Situation Awareness & Contingency Planning

- Watch for respiratory distress. Notify physician if any changes in status; he may want to increase oxygen or consider non-invasive positive pressure ventilation. Remember, family does not want intubation.
- Watch hypotension; patient has been maintaining BPs in the ED thus far. Remember family does not want transfer to ICU for aggressive vasopressor support.

Synthesis by Receiver