
	<h1>Prince Sultan Military Medical City</h1> <h2><u>Controlled Document, Not to be Reproduced</u></h2>	 <p>وزارة الدفاع MINISTRY OF DEFENSE</p>		
<b>Medical City Wide Policy &amp; Procedure</b>	<b>Dept.: Hospital Directorate</b>	<b>Policy No: 1-1-8062-01-033</b> <b>Version No: 06</b>		
<b>Title: Hands-off / Hand-over Communication (i-SBAR Communication Tool and Ticket to Ride)</b>		<b>JCI Code: IPSG</b>		
<b>Supersedes: 1-1-8062-01-033</b> <b>Version No: 05 ; 31 January 2021</b>	<b>Issue Date:</b>	<b>Effective Date:</b> 2 9 AUG 2023	<b>Revision Date:</b> 2 8 AUG 2026	<b>Page 1 of 7</b>

## 1. PURPOSE

- 1.1. To provide accurate information about the patient's status, care, treatment or services, and their current conditions with any recent or anticipated changes when responsibilities are "handed off" from one care provider to another.
- 1.2. To provide every healthcare practitioner a concise, structured and detailed information of hands-off communication that results to an accurate, non-delayed patient's treatment, care and system management.
- 1.3. To provide a framework for effective communication among members of the healthcare team in order to ensure consistency of communication and continuity of treatment, through a standardize approach of giving and receiving information.

## 2. APPLICABILITY

- 2.1. Hospital Department
  - 2.1.1. Medical Administration
  - 2.1.2. Medical Department
  - 2.1.3. Nursing Administration
  - 2.1.4. Support Services (*i.e. Occupational Therapy, Physiotherapy, EMT, Social Worker and others*)

## 3. RESPONSIBILITIES



- 3.1. The CQI&PS Department will audit /track compliance including data from adverse events resulting from handover communications and used to identify ways in which handovers can be improved, and improvements are implemented.

## 4. POLICY

- 4.1. All healthcare practitioners must ensure consistency of communication and continuity of treatment utilizing a standardize approach of giving and receiving patient's information during handoff / handover communication.

4.2. The method of handover depends on the individual circumstances and could be via:

- 4.2.1. Face-to-Face interaction
- 4.2.2. Telephone communication
- 4.2.3. Written communication
- 4.2.4. Electronic communication

		<h1>Prince Sultan Military Medical City</h1> <h2><u>Controlled Document, Not to be Reproduced</u></h2>			 <p>وزارة الدفاع MINISTRY OF DEFENSE</p>	
<b>Medical City Wide Policy &amp; Procedure</b>		<b>Dept.: Hospital Directorate</b>		<b>Policy No: 1-1-8062-01-033</b> <b>Version No: 06</b>		
<b>Title: Hands-off / Hand-over Communication</b> <b>(i-SBAR Communication Tool and Ticket to Ride)</b>				<b>JCI Code: IPSG</b>		
<b>Supersedes: 1-1-8062-01-033</b> <b>Version No: 05 ; 31 January 2021</b>		<b>Issue Date:</b>	<b>Effective Date:</b> 29 AUG 2023	<b>Revision Date:</b> 28 AUG 2026	<b>Page 2 of 7</b>	

4.3. A communication approach to hand-off patient information will occur under the following circumstances in order to improve “the effectiveness of communication”:

4.3.1. Transfer of patient-specific information

4.3.1.1. Nurse to physician interaction about the a patient-specific situation

4.3.1.2. Notification to providers for critical laboratory, and any other critical diagnostic test results, or a change in patient status as appropriate.

4.3.2. Staff-to-Staff (e.g., nurse-to-nurse) interaction about patient-specific information.

4.3.2.1. Handover of one care provider to another care provider during:

4.3.2.1.1 Change of provider at end of shift

4.3.2.1.2 Intra-procedural change

4.3.2.1.3 Change of assignment of the care provider within a shift utilizing a patient care profile for handover.

4.3.2.1.4 New patient admissions or changes in patients plan of care/status, such as nurse to nurse, physician to physician, respiratory therapist to respiratory therapist or Rehab staff (e.g., Physical Therapist, Occupational Therapist, Speech Therapist) to rehab staff or other clinical discipline to next clinician caring for patient.

4.3.2.1.5 Taking in temporary responsibility for care when staff leaving unit for a short period of time (i.e., break time and off unit activities)

4.3.2.1.6 During transfer of patient care to another department (i.e., to/from procedural areas and other hospitals) to avoid disruption of therapy, provide continuity of care and proper monitoring.

4.3.3. Between staff and patients/families, such as at discharge.

4.4. Medical Staff and Residents:

4.4.1. Handoff procedures and information transfer forms/guidelines for physicians are developed and implemented by each service according to the needs of that service. The handoff forms or guidelines may be in either paper or electronic format, and must include clinical information agreed upon by physicians in that service as being integral to the provision of safe and effective patient care for that patient population, i.e., Clinical Notes which covers assessment and re-assessment, observation, and daily care plan.



# Prince Sultan Military Medical City



## Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

Medical City Wide Policy & Procedure	Dept.: Hospital Directorate	Policy No: 1-1-8062-01-033 Version No: 06		
Title: Hands-off / Hand-over Communication (i-SBAR Communication Tool and Ticket to Ride)		JCI Code: IPSG		
Supersedes: 1-1-8062-01-033 Version No: 05 ; 31 January 2021	Issue Date:	Effective Date:	Revision Date:	Page 3 of 7
		29 AUG 2023	28 AUG 2026	

- 4.4.2. Each service also develops and implements a handoff process that is in keeping with the shift / rotation change practices of its physicians and that facilitates the smooth transfer of information from physician to physician.
- 4.4.3. Each handoff process must include the opportunity for the incoming physician to ask questions and request information from the reporting physician.
- 4.4.4. Within each service, handoffs will be conducted in a consistent manner, using a standardized handoff form or guideline.
- 4.5. Transferring physician / Other Allied Health Professionals (Physical Therapist / Occupational Therapist / Respiratory Therapist / Dietician).
- 4.5.1. Handoff verbal &/or written should include at a minimum (as applicable)
- 4.5.1.1. Patient name, location, age/date of birth
  - 4.5.1.2. Patient diagnosis/problems, impression
  - 4.5.1.3. Important prior medical history
  - 4.5.1.4. DNR status and advance directives
  - 4.5.1.5. Allergies
  - 4.5.1.6. Medications, fluids, diet
  - 4.5.1.7. Important current labs, vitals, cultures
  - 4.5.1.8. Past and planned significant procedures
  - 4.5.1.9. Specific protocols/resources/treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)
  - 4.5.1.10. Plan for next 24 hours
  - 4.5.1.11. Pending tests and studies which need follow up
  - 4.5.1.12. Important items planned between now and discharge
- 4.6. Receiving physician: Review handoff form or receive verbal handoff, and resolve any questions with transferring physician.
- 4.7. Healthcare practitioners must acquire data or information about the patient's status, care, treatment and current conditions with any recent or anticipated changes when responsibilities are handed-off from one care practitioner to another.
- 4.8. Due to the serious implications of this process, the opportunity to ask and answer questions must be included as well as verification of the information needed.
- 4.9. Reporting staff must request an acknowledgement of receipt of the information provided.

		<h1>Prince Sultan Military Medical City</h1> <p><b><u>Controlled Document, Not to be Reproduced</u></b></p>		 <p>وزارة الدفاع MINISTRY OF DEFENSE</p>	
<b>Medical City Wide Policy &amp; Procedure</b>		<b>Dept.: Hospital Directorate</b>		<b>Policy No: 1-1-8062-01-033</b> <b>Version No: 06</b>	
<b>Title: Hands-off / Hand-over Communication</b> <b>(i-SBAR Communication Tool and Ticket to Ride)</b>				<b>JCI Code: IPSG</b>	
<b>Supersedes: 1-1-8062-01-033</b> <b>Version No: 05 ; 31 January 2021</b>		<b>Issue Date:</b>	<b>Effective Date:</b> 29 AUG 2023	<b>Revision Date:</b> 28 AUG 2026	<b>Page 4 of 7</b>

4.10. The ISBAR (Introduction – Situation – Background – Assessment - Recommendation) Communication Tool serves as the structure of communicating patient-specific information among staff to each other as well as to other healthcare providers.

4.11. Ticket to Ride is a hand-off communication from one clinical staff or provider to another, required to provide sufficient information for the care of a patient, especially when the primary responsibility for the patient’s care is transferred to a transporter or other clinical staff, even if temporarily.

## 5. **DEFINITION OF TERMS**

5.1. Hand-offs: The patient hand-off is a process when the passing of patient specific information occurs from one caregiver to another or from one department to another. A hand-off also includes transferring the responsibility of care from one staff to another.

5.2. i-SBAR: Is an acronym that stands for Introduction-Situation-Background-Assessment-Recommendation. It is an evidence based communication model that assists the speaker by providing a framework to organize and convey information.

5.3. Care Provider refers to nurse, doctor, and respiratory therapist, Rehab staff (e.g., Physical Therapist, Occupational Therapist, and Speech Therapist).

5.4. Ticket to ride is a hand-off form to be completed by the Registered Nurse (RN) when his/her patient is transported to another clinical area when an RN is not present during the transport. It is intended to provide immediate patient safety information to accompany patients leaving the unit for any reason. It helps assure that the transporter and providers unfamiliar with the patient will have important information readily available should problems arise.

5.5. Transporter: A clinical staff member other than RN who transport a patient.


## 6. **PROCEDURES**

6.1. **The ISBAR tool for Handover** (Appendix A & B)

6.1.1. The ISBAR tool report format is used during patient care handover.

6.1.2. Care provider to plan an individualized plan of care incorporating other members of the team uses the ISBAR guide template.

6.1.3. The ISBAR guide template can be modified to suit unit-specific needs.

		<h1>Prince Sultan Military Medical City</h1> <p><b><u>Controlled Document, Not to be Reproduced</u></b></p>			 <p>وزارة الدفاع MINISTRY OF DEFENSE</p>	
<b>Medical City Wide Policy &amp; Procedure</b>		<b>Dept.: Hospital Directorate</b>		<b>Policy No: 1-1-8062-01-033</b> <b>Version No: 06</b>		
<b>Title: Hands-off / Hand-over Communication (i-SBAR Communication Tool and Ticket to Ride)</b>				<b>JCI Code: IPSG</b>		
<b>Supersedes: 1-1-8062-01-033</b> <b>Version No: 05 ; 31 January 2021</b>		<b>Issue Date:</b>	<b>Effective Date:</b>	<b>Revision Date:</b>	<b>Page 5 of 7</b>	
		29 AUG 2023	29 AUG 2023	28 AUG 2026		

6.1.4. The ISBAR information should be dated to reflect patient’s current status, plan of care, and other relevant patient care information.

6.1.5. The assigned care providers for each discipline are responsible for updating and maintaining accuracy of patient care information. It is initiated upon admission and kept current throughout patient’s hospitalization.

6.1.6. The ISBAR information will be transferred with the patient for in-house transfers.

6.2. Effective communication needs to be two-way conversations.

6.3. **Ticket to Ride** (*Appendix C*)

6.3.1. A Ticket-to-Ride will be utilized each time the patient leaves and returns to the inpatient unit.

6.3.2. When patients go to multiple procedural departments prior to returning to the nursing unit, each department should complete a “return ticket” portion of the “Ticket-to-Ride.”

6.4. **Form Management**

6.4.1. The Clinical Area retains the completed i-SBAR record and Ticket to Ride form in a folder for a period of one (1) year.

6.4.2. Tracking and monitoring activities shall be overseen by the CQI&PS Department.

6.4.3. The I-SBAR form and Ticket to Ride form is NOT a part of the permanent patient’s medical record.

## 7. **REFERENCES**

7.1 AHRQ Ticket to ride: reducing handoff risk during hospital patient transport <http://psnet.ahrq.gov/resource.aspx?resourceID=8373> (accessed 26.01.15).

7.2 Haig, K. M., Sutton, S., & Whittington, J. (2006). National Patient Safety Goals. SBAR: A shared mental model for improving communication between clinicians. *Joint Commission Journal on Quality and Patient Safety*, 32, (3), 167-175.

7.3 Institute for Healthcare Improvement (IHI). *SBAR Technique for Communication: A Situational Briefing Model*. Accessed 1<sup>st</sup> December 2013.



# Prince Sultan Military Medical City

**Controlled Document, Not to be Reproduced**



وزارة الدفاع  
MINISTRY OF DEFENSE

Medical City Wide Policy & Procedure	Dept.: Hospital Directorate	Policy No: 1-1-8062-01-033 Version No: 06		
Title: Hands-off / Hand-over Communication (i-SBAR Communication Tool and Ticket to Ride)		JCI Code: IPSG		
Supersedes: 1-1-8062-01-033 Version No: 05 ; 31 January 2021	Issue Date:	Effective Date: 29 AUG 2023	Revision Date: 28 AUG 2026	Page 6 of 7

- 7.4 Joint Commission International Accreditation Standards for Hospitals 7th edition International Patient Safety Goal #2.2 (2021).
- 7.5 Medical Services General Directorate Central Policy, Policy No. MSD-H-1-IPSG-7.
- 7.6 PATIENT SAFETY: "A Ticket to Ride" protects patients off the unit [http://www.nursingcenter.com/lnc/journalarticle?Article\\_ID=858666](http://www.nursingcenter.com/lnc/journalarticle?Article_ID=858666) (accessed 26.01.15).
- 7.7 Patterson, E. S., Roth, E. M., Woods, D. D., Chow, R., & Gomes, J. O. (2004). Handoff strategies in settings with high consequences for failure: lessons for healthcare operations. *International Journal for Quality in Health Care*, 16, (2), 125-132. 1<sup>st</sup> December 2013 from: <http://intqhc.oxfordjournals.org/content/16/2/125.full.pdf+html>
- 7.8 Swedish Medical Center "Ticket to Ride" [http://www.wsha.org/files/177/Swedishmedcen\\_TickettoRide\\_%20Standard.pdf](http://www.wsha.org/files/177/Swedishmedcen_TickettoRide_%20Standard.pdf) (accessed 26.01.15)

## 8. **APPENDICES**

- 8.1 Appendix A – I-SBAR Handover Communication Tool (MSD)
- 8.2 Appendix B - ISBAR Handover for General Wards 4-1-6010-04-026
- 8.3 Appendix C – Ticket to Ride 7540-760-5138 MSD-NUR.F24
- 8.4 Appendix D – Perioperative Handover 4-1-6010-11-018
- 8.5 Appendix E – I-SBAR Handover (Psychiatry) 4-1-6010-04-032



# Prince Sultan Military Medical City

Controlled Document, Not to be Reproduced



وزارة الدفاع  
MINISTRY OF DEFENSE

Medical City Wide Policy & Procedure	Dept.: Hospital Directorate	Policy No: 1-1-8062-01-033 Version No: 06		
Title: Hands-off / Hand-over Communication (i-SBAR Communication Tool and Ticket to Ride)		JCI Code: IPSG		
Supersedes: 1-1-8062-01-033 Version No: 05 ; 31 January 2021	Issue Date:	Effective Date: 29 AUG 2023	Revision Date: 28 AUG 2026	Page 7 of 7

## 9. CONTRIBUTING DEPARTMENT/S

- 9.1 International Patient Safety Goals (IPSG) Team
- 9.2 Executive Nursing Affairs
- 9.3 Medical Administration

Compiled by: International Patient Safety Goals (IPSG) Team	Signature: 	Date: 22/08/2023
Reviewed by: Dr. Turki Al Mutairi Executive Director of Nursing Affairs	Signature: 	Date: 23 AUG 2023
Reviewed by: Brig. Gen. Dr. Abdulrahman Al Robayyan Director of Medical Administration	Signature: 	Date: 24.08.2023
Reviewed by: Brig. Gen. Dr. Abdulelah Mohammed Hummadi Director, Continuous Quality Improvement & Patient Safety (CQI&PS)	Signature: 	Date: 27.8.2023
Authorized by: Brig. Gen. Dr. Rashed Al Otaibi Executive Director for Health Affairs Chairman, Senior Medical Management Team (SMMT)	Signature: 	Date: 28.8.2023
Approved by: Maj. Gen. Khalid Abdullah Al Hudaithi General Executive Director of Prince Sultan Military Medical City	Signature:  العميد الطبيب كhalid عبد الله الحديثي	Date: 29.08.2023



M.S.D

وزارة الدفاع  
رئاسة هيئة الأركان العامة  
الإدارة العامة للخدمات الطبية  
Prog/Hosp/Center/Disp/Clinic

I-SBAR

## Handover communication tool

Department / Ward: ..... Code: ..... Date: ..... Time: .....

Introduction (Patient name / Medical record number / patient location)	Situation (Diagnosis/Allergies)	Background (Relevant History)	Assessment (Patient current situation & ongoing treatments)	Recommendation (Interventions to be performed/followed up)

**This tool must be used by healthcare providers during the following situations:**

- Shift changes.
- Assuming temporary responsibility for care when staff leaving unit for a short period of time (i.e., break time and off-unit activities).
- During transfer of patient care to another unit service or department within the hospital.
- When the patient is going to be transferred using a transporter (e.g. porter) the "Ticket to Ride" tool shall be used.

**This Form is not part of the medical record.**  
**This Form Should be Filled in a separate folder in the clinical area for 1 Year.**

**Caution**

- Breakdowns in communication can occur during any handover of patient care and can result in adverse events.
- Background noises, interruptions, and other distractions from unit activities can inhibit clear communication of important patient information.



# Prince Sultan Military Medical City

## Nursing Services Administration ISBAR HANDOVER

WARD:	DATE: <small>Click here to enter a date.</small>	SHIFT:	REPORTING NURSE / SIGNATURE: RECEIVING NURSE / SIGNATURE :
-------	--	--------	---

### INTRODUCTION

PATIENT NAME:		ROOM NO:	
MRN:	ELIGIBILITY:	NATIONALITY:	NATIONAL ID/IQAMA:
AGE:	GENDER: MALE	ADMISSION DATE: <small>Click here to enter a date.</small>	ADMISSION TIME: TIME : hrs
ADMISSION TRANSFER HISTORY:			
LENGTH OF STAY:	SPECIALTY:	MRP:	CODE: BLEEP/OBI/PHONE:
NAME OF DECISION MAKER:		NAME OF MOTHER:	
RELATIONSHIP:		CELLPHONE NUMBER:	
NATIONAL ID/IQAMA:	WATCHER'S PASS: <input type="checkbox"/> YES <input type="checkbox"/> NO	Valid thru: <small>Click here to enter a date.</small>	
HEIGHT:	WEIGHT:		

### SITUATION

DIAGNOSIS:			
COMPLAINTS / REASONS:			
CODE STATUS: <input type="checkbox"/> FULL CODE <input type="checkbox"/> DNR	<small>Date Valid: <small>Click here to enter a date.</small></small>	PATIENT: <input type="checkbox"/> STABLE <input type="checkbox"/> UNSTABLE	
CONDITIONS: <input type="checkbox"/> ACUTE <input type="checkbox"/> CHRONIC	OOP: <input type="checkbox"/> YES	ALLERGIES: <input type="checkbox"/> NKA <input type="checkbox"/> Yes Specify: _____	
SPECIAL NURSING CARE: <input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2			
PROBLEMS AT TIMES OF HANDOVER: <input type="checkbox"/> NO <input type="checkbox"/> YES	Specify: _____		
ISOLATION PRECAUTION: / <input type="checkbox"/> STANDARD: /	<input type="checkbox"/> AIRBORNE: /		
REASONS <input type="checkbox"/> DROPLET: /	<input type="checkbox"/> CONTACT: /		
<input type="checkbox"/> OTHERS: /			

### BACKGROUND

PAST MEDICAL HISTORY:
SIGNIFICANT EVENTS THIS ADMISSION:
BLOOD TRANSFUSION HISTORY / REACTION:
SURGERY PROCEDURE WITH DATE:
INVESTIGATION(S) (PAST AND PENDING SIGNIFICANTS):
LABORATORY PENDING SIGNIFICANTS:

\*NKA - No known Allergy

## ASSESSMENT

**OXYGEN REQUIREMENTS:**  ROOM AIR:  TRACH Y DOI:  Click here to enter a date.  ETT DOI:  Click here to enter a date.

**DATE/TIME:**  Click here to enter a date.  VENTILATOR  CPAP  BPAP  HIGH FLOW Liters

**SETTINGS:**  FACE MASK: Liters  NON-REBREATHER: Liters

NASAL CANNULA Liters  AEROSOL Liters

**GCS:** **VITAL SIGNS:** Temp: O2 Sat: HR: RR: BP:

**PHYSICAL ASSESSMENT:**  
(IF NO TICK (✓), ASSESSMENT IS WITHIN NORMAL)

**ABNORMAL**

RESPIRATORY	<input type="checkbox"/>	INTAKE:	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	mls/12hrs	mls/24hrs
CARDIOVASCULAR	<input type="checkbox"/>	OUTPUT:	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	mls/12hrs	mls/24hrs
COGNITIVE PERCEPTION	<input type="checkbox"/>	FLUID BALANCE: + -		mls/12hrs	NO. OF BOWEL MOTION :	
NEUROLOGICAL	<input type="checkbox"/>	+ -		mls/24hrs	LAST BOWEL MOTION: <small>Click here to enter a date.</small>	
GASTRO-INTESTINAL	<input type="checkbox"/>	OTHER OUTPUTS:				
GENETO-URINARY	<input type="checkbox"/>	1.			mls/12hrs	mls/24hrs
MUSCULO-SKELETAL	<input type="checkbox"/>	2.			mls/12hrs	mls/24hrs
INTEGUMENTARY	<input type="checkbox"/>	3.			mls/12hrs	mls/24hrs
PSYCHOLOGICAL	<input type="checkbox"/>	4.			mls/12hrs	mls/24hrs

**FALL RISK:**  LOW  MODERATE  HIGH

**PAIN CONTROLLED:**  YES Specify:

**TYPE OF CONTRACTIONS:**

1.	Date of Insertion: <small>Click here to enter a date.</small>	6.	Date of Insertion: <small>Click here to enter a date.</small>
2.	Date of Insertion: <small>Click here to enter a date.</small>	7.	Date of Insertion: <small>Click here to enter a date.</small>
3.	Date of Insertion: <small>Click here to enter a date.</small>	8.	Date of Insertion: <small>Click here to enter a date.</small>
4.	Date of Insertion: <small>Click here to enter a date.</small>	9.	Date of Insertion: <small>Click here to enter a date.</small>
5.	Date of Insertion: <small>Click here to enter a date.</small>	10.	Date of Insertion: <small>Click here to enter a date.</small>

**IV FLUIDS:**

1.	<b>SPECIAL ALERT:</b>
2.	<b>DIET/ FEEDING:</b>
3.	<b>MEDICATION:</b>
4.	<input type="checkbox"/> REVIEW IPPF/MAR <input type="checkbox"/> SPECIAL MEDICATION

## RECOMMENDATIONS

**REFERRALS/FOLLOW UPS:**

**COMPLETED:**

**PENDING:**

**MEDICAL PLAN OF CARE:**

**NURSING PLAN OF CARE:**

**DUE TASKS:**



M.S.D

وزارة الدفاع  
رئاسة هيئة الأركان العامة  
الإدارة العامة للخدمات الطبية

Prog/Hosp/Center/Disp/Clinic

PATIENT I.D.

### Ticket to ride

Department / Ward: \_\_\_\_\_ Code: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant Name: \_\_\_\_\_ Number:  Bleep:

No Patient Hand-off: Requires RN or RT to stay during procedure?  Yes  No



#### I - INTRODUCTION (see above data)

Destination: \_\_\_\_\_ Time: \_\_\_\_\_ For any concerns call ext. \_\_\_\_\_

#### S - SITUATION

Mode of Transportation:  Stretcher  Bed  Wheelchair  Other: \_\_\_\_\_

Sent with patient:  Medical Records  N/A

Procedure/Exam: \_\_\_\_\_

#### B - BACKGROUND

Allergies:  No  Yes : \_\_\_\_\_ Isolation:  No  Yes: \_\_\_\_\_

Fall Risk:  No  Yes  Assistance  Close Observation

Hearing:  N/A  Hearing Aid:  Right  Left  Both Vision:  None  Blind  Glasses  Contacts

#### A - ASSESSMENT

Oriented  No  Yes NPO  No  Yes

Needs Assist for Transfer  No  Yes Restraints  No  Yes

I.V. Pumps  Nil  Yes Rate: \_\_\_\_\_

Medications:  Insulin; Last Dose: \_\_\_\_\_  Pain; Last Dose: \_\_\_\_\_

Sedation; Last Dose: \_\_\_\_\_  Anticoagulant; Last Dose: \_\_\_\_\_

Oxygen  No  Yes Type:  Nasal Cannula  Mask  Other: \_\_\_\_\_

Position  Supine  Seated  Other: \_\_\_\_\_

#### R - RECOMMENDATION

Comments: \_\_\_\_\_

RN Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Transported By: (Name) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### R RETURN STATUS:

Condition Changed:  No  Yes (if Yes, describe changes below):

Changes in the status (Describe): \_\_\_\_\_

Sending Department: \_\_\_\_\_ Ext. \_\_\_\_\_

Print Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Transported By: (Name) \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

NOTE: Place form in a folder for Ticket to Ride in the Clinical Area. Dispose after a year.



Prince Sultan Military Medical City  
Operating Theatre Department

PATIENT I.D.

Age: \_\_\_\_\_ Sex:  Male  Female

**PERI-OPERATIVE HAND-OVER**

Department / Ward: \_\_\_\_\_ Code: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant Name: \_\_\_\_\_ Number:  Bleep:

**INSTRUCTION:** Write legibly and clearly. Check (✓) appropriate box accordingly or N/A for not Applicable.

TIME IN: When the Patient push inside Theatre.

TIME OUT: When the Patient push Outside Recovery Room.

**PRE-OPERATIVE**

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ THEATER: \_\_\_\_\_ Height: \_\_\_\_\_ cm Wt: \_\_\_\_\_ kg

Chief complaint: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Type of Surgery: \_\_\_\_\_

Safety/Isolation Precaution:  Standard  Airborne  Contact  Droplet  Reversed  Others: \_\_\_\_\_

Allergy: \_\_\_\_\_ Unit of Blood Available: \_\_\_\_\_

Medical/Surgical History: \_\_\_\_\_

Pre-Operative Procedure: \_\_\_\_\_ Implanted devices: \_\_\_\_\_

Receptionist Nurse Name & Signature: \_\_\_\_\_

**INTRA-OPERATIVE**

Type of Anesthesia:  General  Regional  Local  Spinal  Epidural  Other: \_\_\_\_\_

Intra-Operative position: \_\_\_\_\_

Consultant Surgeon Name: \_\_\_\_\_ Bleep: \_\_\_\_\_ Code: \_\_\_\_\_

Consultant Anaesthetist Name: \_\_\_\_\_ Bleep: \_\_\_\_\_ Code: \_\_\_\_\_

Laparoscopic Ports: \_\_\_\_\_

Closure:  Suture \_\_\_\_\_  Clipped

Other: \_\_\_\_\_

Dressing: \_\_\_\_\_

Drain(s):  No  Yes, specify: \_\_\_\_\_

**INTRA-OPERATIVE**

**POST-OPERATIVE**

Contraction/s:  No  Yes, specify: \_\_\_\_\_

Contraction/s:  No  Yes, specify: \_\_\_\_\_

Types of Line Present :  CVC Location: \_\_\_\_\_

Types of Line Present :  CVC Location: \_\_\_\_\_

Arterial Location: \_\_\_\_\_  In-use  Removed

Arterial Location: \_\_\_\_\_  In-use  Removed

Peripheral Location: \_\_\_\_\_ IV Fluid, specify: \_\_\_\_\_

Peripheral Location: \_\_\_\_\_ IV Fluid, specify: \_\_\_\_\_

Blood Transfused:  No  Yes

Blood Transfused:  No  Yes

Blood Type: \_\_\_\_\_ No. of Unit Transfused: \_\_\_\_\_

Blood Type: \_\_\_\_\_ No. of Unit Transfused: \_\_\_\_\_

Intra-Op Medication: \_\_\_\_\_

Post-Op. Medication: \_\_\_\_\_

OPERATION DONE: \_\_\_\_\_

**Vital Signs Status:**

Cardiac Rate : \_\_\_\_\_ RR: \_\_\_\_\_ bpm BP: \_\_\_\_\_ mmHg SPO2: \_\_\_\_\_ %

Temp: \_\_\_\_\_ Pain score: \_\_\_\_\_ Aldrete's score: \_\_\_\_\_

**Post Op Order: (See Attached file)**

Doctor's Order  Anesthetist Order  Medication Charted

Specimen, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

**Post Op Order: (See Attached file)**

Doctor's Order  Anesthetist Order  Medication Charted

Specimen, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Circulating Nurse: \_\_\_\_\_ Recovery Nurse: \_\_\_\_\_ Ward/Unit Nurse: \_\_\_\_\_



# PRINCE SULTAN MILITARY MEDICAL CITY

## ISBAR HANDOVER (PSYCHIATRY)

WARD: \_\_\_\_\_ DATE: Click here to enter a date. SHIFT: \_\_\_\_\_ REPORTING NURSE / SIGNATURE: \_\_\_\_\_  
RECEIVING NURSE / SIGNATURE: \_\_\_\_\_

### INTRODUCTION

PATIENT NAME:		ROOM NO:	
MRN:	ELIGIBILITY:	NATIONALITY:	NATIONAL ID/IQAMA:
AGE:	GENDER: MALE	ADMISSION DATE:	ADMISSION TIME: TIME : hrs
ADMISSION TRANSFER HISTORY:			
LENGTH OF STAY:	SPECIALTY:	MRP:	CODE: BLEEP/OBI/PHONE:
NAME OF DECISION MAKER:			
RELATIONSHIP:	NATIONAL ID/IQAMA:	CELLPHONE NUMBER:	
HEIGHT:	WEIGHT:		

### SITUATION

COMPLAINTS / REASONS:

DIAGNOSIS:

CODE STATUS:  FULL CODE  DNR Date Valid: Click here to enter a date. PATIENT:  STABLE  UNSTABLE

CONDITIONS:  ACUTE  CHRONIC OOP:  YES ALLERGIES:  NKA  Yes Specify: \_\_\_\_\_

SPECIAL NURSING CARE:  1:1 Level 1 2 3 4  1:2  Others, specify: \_\_\_\_\_

PROBLEMS AT TIMES OF HANDOVER:  NO  YES Specify: \_\_\_\_\_

ISOLATION PRECAUTION:/  STANDARD:/  AIRBORNE:/

REASONS  DROPLET:/  CONTACT:/

OTHERS:/

RESTRAINT <input type="checkbox"/> NO <input type="checkbox"/> YES	TYPE: <input type="checkbox"/> PHYSICAL <input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> CHEMICAL <input type="checkbox"/> MECHANICAL	TIME: _____ DURATION: _____ - _____ Notes: _____
---	--	--

### BACKGROUND

PAST MEDICAL HISTORY:

PAST PSYCHIATRY HISTORY:

SIGNIFICANT EVENTS THIS ADMISSION:

SURGERY PROCEDURE WITH DATE:

INVESTIGATION(s) (PAST AND PENDING SIGNIFICANTS):

LABORATORY PENDING SIGNIFICANTS:

\*NKA - No known Allergy

## ASSESSMENT

OXYGEN REQUIREMENTS:  ROOM AIR:  OTHERS: SPECIFY \_\_\_\_\_ Regulation: \_\_\_\_\_ [Click here to enter a date.](#)

GCS: **VITAL SIGNS:** Temp: \_\_\_\_\_ O2 Sat: \_\_\_\_\_ HR: \_\_\_\_\_ RR: \_\_\_\_\_ BP: \_\_\_\_\_

MENTAL STATE EXAMINATION:

FLUID BALANCE: - mls/12hrs **NO. OF BOWEL MOTION :** \_\_\_\_\_  
 - mls/24hrs **LAST BOWEL MOTION:** [Click here to enter a date.](#)

OTHER OUTPUTS:

1.	mls/12hrs	mls/24hrs	3.	mls/12hrs	mls/24hrs
2.	mls/12hrs	mls/24hrs	4.	mls/12hrs	mls/24hrs

FALL RISK:  LOW  MODERATE  HIGH

PAIN  NO  YES SCORE: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
 Controlled

TYPE OF CONTRAPTIONS:

1.	Date of Insertion: <a href="#">Click here to enter a date.</a>	3.	Date of Insertion: <a href="#">Click here to enter a date.</a>
2.	Date of Insertion: <a href="#">Click here to enter a date.</a>	4.	Date of Insertion: <a href="#">Click here to enter a date.</a>

IV FLUIDS:

1.	SPECIAL ALERT:	DIET/ FEEDING:
2.	MEDICATION:	
3.	<input type="checkbox"/> REVIEW IPPF/MAR	<input type="checkbox"/> SPECIAL MEDICATION

## RECOMMENDATIONS

REFERRALS/FOLLOW UPS:

COMPLETED:

PENDING:

MEDICAL PLAN OF CARE:

NURSING PLAN OF CARE:

DUE TASKS:

RESTRICTIONS:

- No phone calls
- No visitors
- No ground walking
- Full restrictions / Military Order
- Others :