HANDOFF 101

Illness Severity (and a little extra)	
Illness Severity - how sick is the patient? ● Discharged/ALC/Stable/Watcher/HOTSPOT Code Status - ● Full Code/DNR/DNR+DNI/CMO DVT ppx or therapeutic anticoagulation - ● If therapeutic AC, include reason (eg: VTE, AF, mechanical valve). This applies to heparin drips as well (ACS vs VTE) Antibiotics ● Antibiotic + reason (and end date if known)	**HOTSPOT** Full Code Apixaban for AF Cefepime for MDRO UTI (ends 10/17)
Patient Summary	
One-liner. This should be updated every day! Include major medical problems, reason for admission, any major events, and a concise description of how their treatment plan is progressing. 24h events: major events over the last 24h. You should still be updating your one liner every day!	78F with AF on apixaban, HFrEF (EF 15% 8/2020), DM2 (A1c 9% c/b retinopathy), COPD, prior CVA x2 with L sided deficits p/w unwitnessed fall at SAR found to be grossly volume overloaded with MDRO E. coli UTI. Admitted to CCU for mixed septic/cardiogenic shock now s/p inotrope-assisted diuresis. Downgraded to floor 10/14 but still overloaded. Stroke code called today 10/15 for transient facial droop but no infarct. 24h: stroke code above, CTH negative, CTA negative
Action Items	
NIght [ ] tasks for night intern go here - The Night Intern should write any overnight events here Day team: [ ] anticipated to-do items to get your day moving Discharge: - any anticipated d/c appointments if made or need to be requested	Night: [ ] round x1 for neuro exam - if changes, stroke code, stat CTH [ ] f/u 6 PM lytes, replete for K/Mg 4/2 Day Team: [ ] call daughter for family meeting [ ] f/u final cards recs for d/c meds Discharge: [ ] request cards, geri
Situational & Contingency Plan	
FYIs: This is where you plan for all of the most likely scenarios and the worst-case scenarios. Remember that as the day team YOU are the patient's primary doctor and you have the most in-depth knowledge of their clinical course and medical problems. Contact: if patient is particularly sick or if there's a primary person in their life, include contact info	FYI: BPs soft since downgrade but repeat lactates negative; if drops further think septic vs cardiogenic - get VBG, infectious w/u, add vanc + stat amikacin; TR + cards for CCU uptriage FYI: neuro exam = AOx2-3 (self, location, sometimes date but knows year). PERRL, 3.5-4/5 strength throughout L, 4.5-5/5 R side; SILT throughout FYI: volume exam - +2 BLE edema to mid-shin, crackles at b/l lung bases, no O2 req FYI: If hypoxic, gas + CXR - think COPD (nebs) vs worsening

	pulmonary edema (stat dose 80 IV lasix) FYI: hard of hearing, L ear works best Contact: Daughter (Jenny) - 718-867-5309

Giving/Receiving Effective Verbal Handoff

Day → Night

- Make sure that you have fully updated the one liner, to-do items, AND the FYIs. As your patient's clinical course progresses, so too should your anticipatory guidance.
- Follow a set structure and repeat this for every single patient that you sign out
- We *can* all "just read the FYIs," but you should still discuss them with your night team. This is the perfect time for night team to ask any clarifying questions about contingency plans.
    - Questions are not a critique of your medical ability or decision making. We are (sadly) not mind readers. We are all here to take care of the patient, and having clear plans helps ensure that the overnight team can take the best care possible of your patients.
- Night interns: ASK QUESTIONS! If something isn't clear or doesn't make sense, **just ask**.
- If a patient is particularly complicated or sick, take a minute to summarize the patient, plan, and relevant contingency plans to make sure you aren't missing anything. This applies to both the night and the day person.
- Even if a patient has been uptriaged to A4/ICU, **if they are still on the floor they are still your responsibility.**

Night → Day

- Update the handoff with any relevant overnight events in the Night section
- Summarize any events from overnight including any findings or changes from hot spot rounds
- If a patient has a rapid called, be sure to include the following:
    - Reason for the RRT
    - Any interventions
    - Outcome/Plan
    - Any pending labs/imaging
- Any changes/new orders