

IPASS Study Written Handoff Tool Template Working Draft

Identifying Information

Room #	Name	MR #	Service and /or attending	DOA	Age/Gender	DOB	Admission Complaint	Weight
810 – A	Barton, James	4676763	HVMA	5/19/11	13y M	4/19/98	Leg pain	40 kg

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Illness Severity - watcher

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Patient Summary

- 13 y/o male with sickle cell disease, admitted with VOC.
- He has a history of stroke at age 4 and has been non-compliant with hypertransfusion therapy.
- He has had multiple admissions for VOC and ACS.
- He was admitted initially 2 days ago with leg pain, receiving morphine.
- Now has fever, hypoxemia, crackles at his right base on lung exam with a RLL infiltrate on CXR, all c/w ACS
- Ampicillin-Sulbactam was started, blood culture was sent
- He continues on Morphine PCA with good pain control
- He is just on clears and fluids at one and a half maintenance, with a sodium of 132 this AM
- Baseline hemoglobin is 8, transfused to a hemoglobin of 10
- Has baseline right leg weakness from prior stroke

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Action Items

- Respiratory check now to get baseline and at least Q4 during the night
- Monitor pain scores
- Monitor ins and outs
- Follow up electrolytes and pending cultures

Medication List

- Ampicillin Sulbactam IV
- Morphine PCA IV

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Situation Monitoring / Contingency planning

- If he develops more tachypnea or hypoxemia repeat CXR, consider ICU evaluation for CPAP
- If cultures are positive, adjust antibiotics accordingly
- If significant clinical change Dr. Smith is the attending hematologist tonight please update him

S

Synthesis by Receiving Physician / Comments

Optional Items
Peripheral IV