Postoperative Patient Handover Checklist

Operating Room

Patient Details

Patient Name: MRN/ID:

Age: Gender:

Procedure:

Surgeon: OR Date/Time:

Intraoperative Summary

Anesthesia Type:

Estimated Blood Loss:

Fluids Given (Type/Amount):

Medications Administered:

Allergies:

Antibiotics Given:

Airway and Breathing

☐ Patient   ☐ Oxygen Requirement   ☐ Airway Device In Situ

Comments:

Circulation

☐ Stable   ☐ Unstable

Lines/Catheters (IV, Foley, Drains):

Comments:

Other Handover Points

Pain Management Plan:

Nausea/Vomiting:

Wound/Dressing Status:

Other Instructions:

Handed Over By:

_____

Date/Time:

Received By:

_____

Date/Time:

Note: This checklist is to ensure safe and complete transfer of care from operating room to recovery/postoperative area.