
CRITICAL CARE · FOR RESIDENTS & NURSING STAFF

ICU Handover

A Structured Template

A Dr. Priyamvada Goel educational resource — for residents, students, and curious patients.

Handover is one of the most dangerous moments in critical care. Use a structure every time — even when you think you don't need to.

Bed-side SBAR (adapted)

- Situation: name, age, day of admission, primary diagnosis, one-line summary.
- Background: relevant comorbidities, allergies, code status, family situation.
- Assessment: organ-system review (neuro, resp, CVS, GI/nutrition, renal, ID, haem, lines).
- Recommendation: active issues, pending investigations, what would change the plan.

Organ-system order

- Neuro: GCS/sedation score, sedation regime, analgesia, seizures, imaging.
- Respiratory: mode, FiO₂, PEEP, P/F ratio, secretions, weaning trajectory.
- Cardiovascular: rhythm, pressors/inotropes, fluid balance, lactate trend.
- GI/Nutrition: feed, bowels, glycaemia, stress ulcer prophylaxis.
- Renal: urine output, creatinine trend, RRT settings if applicable.
- ID: cultures pending, antibiotics with day number, source control.
- Haem: Hb, platelets, anticoagulation, transfusion plan.
- Lines: arterial, central, drains — date inserted, plan for removal.

Active vs background

- Lead with what is changing today, not what has been stable for a week.
- Be explicit about what would prompt escalation overnight and to whom.

Pending & to-do

- List investigations sent and expected back, with the person who will action results.
- Flag conversations owed to family with a time and a name.

Worked example

- A 62-year-old man, day 4 of admission, community-acquired pneumonia with septic shock. Background: T2DM, ex-smoker. Currently: SIMV-PS, FiO₂ 0.4, PEEP 8, P/F 220 and improving. Noradrenaline weaned to 0.05 mcg/kg/min. Day 4 of piperacillin-tazobactam; blood cultures negative at 48h. Plan: trial of pressure support today, reduce sedation. Family meeting at 11:00.