

# ICU-PAUSE TEMPLATE MODIFICATIONS

## EXAMPLES FROM ACTIVE SITES

The majority of sites use the standard template and make no changes!

For those that did make changes, see the proposed additions below.  
The star indicates the position of the modification.

Patient's preferred name and gender identity

Name of attending with whom transfer was discussed

Name of person to whom signout was given

PT/OT/SLP/Wound care recommendations smartphrase

Operations/procedures performed: \*\*\*  
Name of surgeon: \*\*\*

Drips: \*\*\*

Intake/output smartphrase

Most recent vital signs smartphrase

Post-ICU clinic referral

### ICU to Ward Transfer Summary: ICU-PAUSE Tool

★ ★ ★

I - ICU Admission Reason & Brief ICU Course: \*\*\* ★

C - Code Status/DPOA Info/Goals of Care/ACP Note  
{ACP Documentation:31370} ★ ★

U - Uncertainty Measure/Diagnostic Pause:  
Working diagnosis at the time of transfer \*\*\*, though ddx includes \*\*\*  
Select from the following:

- 1: High degree of certainty about the clinical diagnosis
- 2: Some uncertainty about the clinical diagnosis.
- 3: Marked uncertainty about the clinical diagnosis.

P - Pending Tests at the Time of Transfer  
\*\*\*

A - Active consultants, including Rehab:

- Subspecialty Consultants: \*\*\*
- PT
- OT
- SLP
- Wound Care ★

U - Unprescribing and Pertinent High-Risk Medications ★ ★

- Changes to home meds: \*\*\* ★
- Anticoagulation: \*\*\*
- VTE Prophylaxis - \*\*\* dose
  - None - reason:
  - Therapeutic anticoagulation - \*\*\*
- Antibiotics: \*\*\*
- N/A - no current planned antimicrobials
  - \*\*\* indication \*\*\*start date \*\*\* planned duration \*\*\*

★  
S - Summary of Major Problems and To-Dos  
#\*\*\*

- #\*\*\*
- To-do list prior to transfer:
- \*\*\*
  - \*\*\*

E - Exam at the time of transfer, including Lines/Drains/Airways & Data Review: ★ ★  
\*\*\*

Difficult airway?  
 Lines/drains assessed for removal?

★ ★

Admission date: \*\*\*  
Transfer date: \*\*\*  
Hospital day #\*\*\*

Patient wishes discussed and documented

Family contact name and number: \*\*\*

Medication reconciliation complete

Confidence grade in accuracy of med rec:  
(High, Medium, Low)

Reasoning for home med changes: \*\*\*

Local end of note checklist (fluids, diet, restraints, etc.)



**Have a new template modification idea?**

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