

Transition Checklist (printed copy for each patient per individual house staff)**Did you call the patient's RN for handoff?**

1. Diagnostic Certainty Score (Scale of 0 to 10: 0 is Unsure of Diagnosis, 10 is Confident of Diagnosis)
2. HPI/One-liner (Age, Diagnosis, Date of Admission, Relevant PMHx)
3. New Events Overnight (Clinically Improving or Declining)
4. Urgent/Pending Tasks: Transfer/Discharge, Procedure/Extubation, Radiology/Labs, Planned reassessments, Medication changes)
5. Physical Exam with attention to:
 - a. High Invasiveness (Foley, CVC, PICC, PEG, Rectal Tube, Swan)
 - b. Vent Settings (Increasing, Decreasing, Goals)
 - c. Vasopressors (Increasing, Decreasing, Goals)
 - d. Volume Status
 - e. Increased Work of Breathing or Oxygen Requirement
 - f. Neuro Deficits/Changes
 - g. Skin/Cellulitis Findings
 - h. Pain (Change in Quality or Location)
 - i. Post-Procedure