

SBAR

Physician/NP/PA Communication and Progress Note For New Symptoms, Signs and Other Changes in Condition



Before Calling MD/NP/PA:

- Evaluate the resident and complete the SBAR form (use "N/A" for not applicable)
- Check VS: BP, pulse, respiratory rate, temperature, pulse ox, and/or finger stick glucose if indicated
- Review chart: recent progress notes, labs, orders
- Review relevant **INTERACT II Care Path or Acute Change in Status File Card**
- Have relevant information available when reporting (i.e. resident chart, vital signs, advanced directives such as DNR and other care limiting orders, allergies, medication list)

S SITUATION

The symptom/sign/change I'm calling about is _____

This started _____

This has gotten (circle one) worse/better/stayed the same since it started

Things that make the condition worse are _____

Things that make the condition better are _____

Other things that have occurred with this change are _____

B BACKGROUND

Primary diagnosis and/or reason resident is at the nursing home _____

Pertinent history (e.g. recent falls, fever, decreased intake, pain, SOB, other) _____

Vital signs BP _____ / _____ HR _____ RR _____ Temp _____

Pulse Oximetry _____ % On RA _____ on O2 at _____ L/min via _____ (NC, mask)

Change in function or mobility _____

Medication changes or new orders in the last two weeks _____

Mental status changes (e.g. confusion/agitation/lethargy) _____

GI/GU changes (circle) (e.g. nausea/vomiting/diarrhea/impaction/distension/decreased urinary output/other)

Pain level/location _____

Change in intake/hydration _____

Change in skin or wound status _____

Labs _____

Advance directives (circle) (Full code, DNR, DNI, DNH, other, not documented)

Allergies _____ Any other data _____

A ASSESSMENT (RN) OR APPEARANCE (LPN)

(For RNs): What do you think is going on with the resident? (e.g. cardiac, infection, respiratory, urinary, dehydration, mental status change?) I think that the problem may be _____ -OR

I am not sure of what the problem is, but there had been an acute change in condition.

(For LPNs): The resident appears (e.g. SOB, in pain, more confused) _____

R REQUEST

I suggest or request (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Provider visit (MD/NP/PA) | <input type="checkbox"/> Monitor vital signs and observe |
| <input type="checkbox"/> Lab work, x-rays, EKG, other tests | <input type="checkbox"/> Change in current orders _____ |
| <input type="checkbox"/> IV or SC fluids | <input type="checkbox"/> New orders _____ |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Transfer to the hospital |

Staff name _____ RN/LPN

Reported to: Name _____ (MD/NP/PA) Date ____ / ____ / ____ Time _____ a.m./p.m.

If to MD/NP/PA, communicated by: Phone In person

Resident name _____

