Patient Name: Date of Birth: Medical record #:

SBAR

Physician/NP/PA Communication and Progress Note
To Discuss Possible Drug Reduction for an Individual Already Receiving an Antipsychotic Drug
for Off-Label Use

Before Calling the MD/NP/PA:			
Evaluate the patient and complete the SBAR form			
Check VS: BP, pulse, respiratory rate, neurological check, lung sound, temperature, pain level			
Review chart for:			
 psychiatric conditions and/or hospitalizations recent physician or psychologist progress notes 			
 pharmacist medication regimen review notes abnormal clinical and laboratory findings 			
• notes on possible drug side-effects			
Be prepared to report on dosing changes, changes in target symptoms and potential side effects			
Have relevant information available when reporting (medication list including doses, method and			
time(s) of administration			
Con			
S Situation			
The drug and behavior (if problematic) I am calling about is			
Date drug started			
Date of last dose adjustment and dosage change made			
Individual's symptoms has gotten worse/better/stayed the same since the drug started			
Have any potential side effects been noticed?NoYes If yes describe)			
Things that make the symptoms worse			
Things that make the symptoms better (non-pharmacological approach)			
Other things that have occurred related to this symptom and treatment			
B Background			
Primary diagnosis and/or reason person is at the nursing home			
Pertinent mental health history			
r er tillent mental meatin history			
Behavioral concerns identified by family			
Vital signs BP/ HR RR Temp Temp			
Individual is on a scheduled pain management programYesNo			
If yes, what medication interventions is the individual receiving?			
Conditions (circle those that apply – set-up in columns to be circled) orthostatic hypotension, weight			
gain, increase glucose level, urinary retention, constipation, sedation, restlessness, pacing, drooling,			
tremors, rigidity, slowness of movement, jerk body responses, lip smacking/chewing/abnormal tongue			
movement, involuntary movement of extremities, worsening confusion/delirium, fall,			
other			
Medication changes or new orders in the last two weeks			
Recent Lahs			

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Allergies	Any othe	r data
I think the symptoms may be rela	ears (better/wors ted to	e/same)
Do you believe the individual has a Do you believe dose reduction ma	-	eutic dose?NoYes (IT yes:
·	•	rse/same)
R Request		
I suggest or request (check all that applies):	
Other (start/change non-pharmacologi	cal approach)	Continued monitoring
Change in/stop current med order(s)		Lab work
Provider visit (MD/NP/PA)		
Staff nameReported to: Name	(MD/NP/PA)	Date// Time a.m. /p.m.
Progress Note (complete and place SBAI	R/progress note in	medical record)
Family or health care proxy notified		
Return call/new orders from MD/NP/PA		Pate/ Time/AM/PM
Signature	RN/LPN D	ate/ Time/AM/PM

(This SBAR is developed specifically for antipsychotic, off-label use. Facilities are encouraged to modify/adapt changes to the SBAR as needed)

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