Peak On Call Communication SBAR

Complete this form **prior** to calling **1-450-990-6200**

URGENT Resident issues only for Peak On Call Coverage.

HAVE READY ☐ MAR ☐ Chart & MOST ☐ Completed SBAR

Responding Physician *(Last, First)*		**Resident Name** *(Last, First)*	
		Resident DOB D D M M Y Y Y Y	**Resident PHN** (10)
Caller Name ☐LPN ☐RN	**Call Time:**	**Resident's MRP** *(Last, First)*	
Facility:	**Call Date:**	**Resident's Primary Contact** *(Name & Phone)*	
Phone:	**Local:**		

SITUATION

Reason for Call

☐ Abdominal pain	☐ Confusion	☐ Fever	☐ Query fracture	Notes: _____
☐ Agitation	☐ Cough	☐ Influenza symptoms	☐ Shortness of breath	_____
☐ Cardiac	☐ Death (unnatural)	☐ Lab values (critical)	☐ Skin problem	_____
☐ Change in LOC	☐ Delirium	☐ Medication error	☐ Urinary concern	_____
☐ Chest pain	☐ Diabetes	☐ Pain management	☐ Gastrointestinal concerns	_____
	☐ Fall with injury	☐ Palliative orders	☐ Other (*note & inform dispatch)*	_____

BACKGROUND

Relevant Medical History / Usual Functional Status

Allergies

MOST Designation: M_____ or C_____

ASSESSMENT

BP	Pulse	Temp	GCS
RR	SpO_2	Room Air ☐ Oxygen ☐ _____ L/min	
If Available/Relevant			
INR	BG	eGFR	Pain

Assessment Findings:

RECOMMEND

Nursing Recommendations *(eg. medication order, on-site assessment, etc.)*

RESPONSE

Physician On Call Response *(nurse to note instructions & orders, in addition to writing orders in chart*)

FOLLOW-UP

Nurse or Designate to FAX completed SBAR & Additional Documentation to :

1. Physician On Call: ☐ SBAR Date: _____ Time: _____

2. MRP: ☐ SBAR ☐ Additional Documentation (*if on-call Physician visited)* Date: _____ Time: _____

☐ Follow-up required ☐ For your information only

Place completed SBAR in the 'Physician Notes' section of resident chart: ☐ Date: _____ Time: _____