

NANAIMO PEAK ON CALL PILOT PHYSICIAN RECORD SHEET



CALL DETAILS				INFORMATION PROVIDED		OUTCOME (COMPLETE ALL THAT APPLY)				FOLLOW UP	
LTC FACILITY	MRP Name (whose patient needed support?)	Date of Call	Time of Call	SBAR complete prior to call (Y/N)	SBAR completed subsequently (Y/N)	Able to provide diagnosis from call	Treatment advised	Visit resident	Transfer to ED	SBAR completed & forwarded by facility (Y/N)	Follow up requested from MRP on return (Y/N)