|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **After-Hours Communication Form - SBAR**  Complete this form **prior** to calling dispatch at **1.888.686.3055** | | | | | **After-hours physician coverage for URGENT resident issues only.**  **For all other issues please contact MRP during regular hours.** | | | | |
| Name of responding physician | | | | | Call date/time | | | Facility | |
| **Resident name** | | | | | **MRP** | | | | |
| **Resident DOB** | | | | | **Resident PHN** | | | | |
|  | | | | | | | | | |
| **SITUATION** | **Reason for call**  ☐ abdominal pain  ☐ agitation  ☐ back pain  ☐ chest pain  ☐ confusion  ☐ cough | ☐ death  ☐ delirium  ☐ diabetes  ☐ diarrhea  ☐ epistaxis  ☐ extreme pain  ☐ fall | | ☐ fever  ☐ head injury  ☐ hematemesis  ☐ hypertension  ☐ hypotension  ☐ laceration | | | ☐ loss of consciousness  ☐ medication error  ☐ melena  ☐ pain management  ☐ palliative orders  ☐ query hip fracture | ☐ shortness of breath  ☐ skin problem  ☐ urinary symptom  ☐ vomiting  ☐ other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **BACKGROUND** | **Relevant medical history**  Local contact for care concern \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Allergies**  ☐ None known  List allergies | | | | | ☐ MAR accessible / on hand (if required for call)  ☐ MOST designation | | | |
| **ASSESS** | Temp | | BP | | Pulse | | | | SpO2 |
| Resp | | Other | | | | | | |
| **RECOMMENDATION** | **Nursing Recommendations** | | | | | | | | |
| Name/designation Phone & local | | | | | | | | |

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| --- |
| **On-Call Physician Response** Response time  ☐ Fax completed form to on-call physician for their records |
|  |
| **Summary Communication to MRP** Fax completed form to MRP Fax date/time  ☐ **Follow up required**  ☐ For your information only |
|  |

**Instructions for Completing the After-Hours Physician Communication - SBAR**

The **purpose** of the After-Hours Physician Communication - SBAR form is to enable quick, consistent communication of key information in an urgent situation, and to provide clear communication to the resident’s most responsible physician (MRP). This communication tool is for URGENT after-hours resident issues ONLY.

1. Resident name, date of birth (DOB), personal health number (PHN) and name of most responsible physician (MRP) are required with EVERY call.

Complete theentire SBAR (Situation, Background, Assessment and Recommendations) as appropriate PRIOR to calling the dispatch line. Callers who have not completed the form will be kindly asked to call back once the form has been completed.

1. Call the after-hours call line at **1.888.686.3055** and report reason for call to dispatch. The on-call physician will call you back shortly.
2. Record the on-call physician’s response on the SBAR form.
3. a) Fax the completed SBAR form to the Resident’s MRP to inform and plan necessary follow up.

**or**

b) If the physician visits the Resident at the facility, fax completed SBAR form AND any progress notes or additional documentation to the MRP.

**5)** Fax completed form to on-call physician for their records.

**Questions or comments about the After-Hours SBAR?**

Your input is welcome to RCI Administrative Support at 778.265.3137 or VictoriaSouthIsland.RCI@Divisionsbc.ca