

SBAR Physician/Nurse Practitioner Communication Preparation Tool

* This preparation tool is not part of the permanent Health Care Record - shred following use

S	<p>SITUATION</p> <p>*Have ready</p> <ul style="list-style-type: none"> SDM and Pharmacy Name and # 	<p>I am calling about (Resident/Client): _____</p> <p>MRP (Physician/NP): _____</p> <p>Concern: _____</p> <p>_____</p> <p>Date of Onset: _____</p> <p>Current Presentation: _____</p> <p>_____</p> <p>_____</p>
B	<p>BACKGROUND</p> <ul style="list-style-type: none"> Consider Allergies – Allergy/ADR Record 	<p>Diagnosis: _____</p> <p>MOST: _____ Advance Care Plan: Yes/No</p> <p>Admission Date (If Recent): _____</p> <p>History of illness, related factors: _____</p> <p>_____</p> <p>_____</p>
A	<p>ASSESSMENT</p> <ul style="list-style-type: none"> Include MAR Consider: Neurological Flowsheet if post fall; or change in LOC 	<p>Vital Signs - T: _____ P: _____ R: _____ B/P: _____ SpO2 : _____</p> <p>Most recent labs:</p> <p>_____</p> <p>Meds: # PRN in last 24 hrs/effectiveness:</p> <p>_____</p> <p>Assessment findings and/or person/SDM’s voiced concerns/wishes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Interventions Initiated: _____</p> <p>_____</p> <p>_____</p>
R	<p>RECOMMENDATIONS</p>	<p>I recommend.../ My thoughts.../ I wonder if...</p> <p>_____</p> <p>_____</p> <p>How soon do you need a reply or do you need the MRP/N.P. to visit? <i>NB> Are there other orders, route changes, etc. that should be considered at this time?</i></p>

SCREENING AND ASSESSMENT TOOLS - Access from insideNet

Delirium:

- **Screen** for presence and possible contributing factors or causes:
Confusion Assessment Method - CAM with PRISME (Form # 821245)

Pain:

- **O-V** - Onset, Provoking, Quality, Region/Radiating, Severity, Treatment, Understanding, Value
- Routine and/or PRN Pain Medications
- **PAINAD** (Form # 810310); **PAIN Assessment Tool** (Form # 810216);
- **PAIN Assessment Flowsheet** (Form # 810305); **Symptom Assessment Acronym – O-V** (Form # 821352)

New Fall/Post-Fall:

- **Complete: Post-fall Assessment and Management Checklist** (Form #821256)
- **And when indicated: Neurological Flowsheet** (Form # 821078), **Scott Fall Risk Screen** (Form #821010)

Urinary Tract Infection: *Nurse Practitioner requests Bladder Scan for Post –Void Residual Volume (PVR)

No Indwelling Catheter Indications:

- Acute Dysuria or pain, swelling or tenderness (testes, epididymis or prostate)

OR Two of the following:

- Fever
- Acute costovertebral angle and/or suprapubic pain
- Gross Hematuria
- New or increased incontinence, urgency and/or frequency

Indwelling Catheter Indications:

- Fever, rigors OR new onset hypotension, with no other site of infection
- Acute change in mental status and/or functional decline with no alternate diagnosis
- New onset suprapubic and/or costovertebral angle pain or tenderness
- Purulent discharge from around the catheter or acute pain, swelling or tenderness (testes, epididymis, or prostate)

- Enter '**Urinary Tract Infections Assessment Tool**' in search bar

Respiratory Illness:

- | | | |
|--------------------|-----------|----------|
| • Chest Assessment | • Fever | • Pain |
| • Congestion | • Dyspnea | • Sputum |

Responsive Behaviour: (New or Worsening)

- **P.I.E.C.E.S™ 3 Question Template** (Form # 810206); **Cohen Mansfield Agitation Inventory** (Form # 810193); **Dementia Observation Tool – DOS** (Form # 810194)
- Enter '**BC BPSD Algorithm**' in search bar - *can assess BPSD SBAR from first page of algorithm*

Depression:

- **Screen:** Enter '**S.I.G.e.C.A.P.S'** in search bar
- **Assessment:** Enter '**Cornell Scale for Depression**' (cognitive impairment) **or** '**Geriatric Depression Scale**' (no cognitive impairment) in search bar