After-Hours Communication Form - SBAR

Complete this form **prior** to calling dispatch at **[phone number]**

URGENT Resident issues only for After-Hours Coverage. Contact MRP during regular hours for all other issues.

HAVE READY ☐ **COVID-19 Screening **** ☐ Chart & MOST ☐ Completed SBAR ☐ MAR

Resident Name *(Last, First)*

Responding Physician *(Last, First)*

Resident DOB (DD/MM/YYYY) D D M M Y Y Y Y

Resident PHN (10)

Caller Name ☐LPN ☐RN

Call Date:

Resident MRP *(Last, First)*

Facility:

Call Time:

Resident Primary Contact *(Name & Phone)*

Phone:

Local:

SITUATION

Reason for Call

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

Notes:_____

FURTHER COVID-19 SCREENING

*** Common COVID-19 symptoms highlighted in red ***

Other S&S's of the resident: ☐ Change in LOC; ☐ Cough or ☐ SOB; ☐ Confusion; ☐ Fatigue; ☐ Fever; ☐ Functional decline; ☐ Gastrointestinal concerns

COVID-19 Positive: ☐ Suspected ☐ Confirmed

COVID-19 Swab Collected: ☐ No ☐ Yes

COVID-19 confirmed / suspected in other resident(s): ☐ No ☐ Yes

Any staff members showing symptoms of COVID-19? ☐ No ☐ Yes

Isolation precautions ☐ No ☐ Yes: Contact ☐ / Droplet ☐

Infection Control aware of COVID status? ☐ N/A ☐ No ☐ Yes

Are any facility residents utilizing AGMPs? ☐ No ☐ Yes

(includes: O2 >5L NP, nebulizers, BiPAP, CPAP, suctioning)

BACKGROUND

Relevant Medical History / Usual Functional Status

Allergies

MOST: M____ or C_____

ASSESSMENT

BP	SpO_2	RR	Temp
HR	eGFR	☐ Room Air ☐ Oxygen @ ____ L/min	

If Available/Relevant

INR	BG	Pain

Assessment *** Ensure all vital signs & a respiratory assessment are recorded PRIOR to calling ***

RECOMMEND

Nursing Recommendations

RESPONSE

On-Call Physician Response *** ORDERS MUST be transcribed in the chart* – this section is to note response only ******

IF RESIDENT COVID-19 + : Physician is to attend an **Emergency Outbreak Management Teleconference**, ***60 minutes from time of notification***, by calling **250.519.7700 ext. 26834**. Refer to the IH ***COVID-19 Response Protocol: Long-term Care Facility*** for further steps.

FOLLOW-UP

Nurse or Designate to FAX completed SBAR & Additional Documentation to: **FAXED:** ☐ Yes ☐ No

1. On-Call Physician *(fax #s on second page)*: ☐ SBAR 2. **MRP:** ☐ SBAR & ☐ Additional Documentation - ☐ *Follow-up required* ☐ *For your info only*

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

Instructions: After-Hours Communication Form - SBAR

USE: For **URGENT** after-hours Resident issues. Contact the Resident's Most Responsible Physician (MRP) during regular hours for all other concerns.

PURPOSE: To enable efficient, consistent communication of key information in an urgent situation to the physician on-call, and to provide clear communication to the Resident's MRP.

STEPS:

1. Clearly write the Resident's Name, Date of Birth (DOB), Personal Health Number (PHN), and Most Responsible Physician (MRP). If you use a Resident label, please redact/black out all information other than these identifiers.
2. Complete the entire SBAR (Situation, Background, Assessment, and Recommendations) form as appropriate PRIOR to calling the dispatch line.
3. Items highlighted in red pertain to COVID-19 screening. Complete the questions in the '**FURTHER COVID-19 SCREENING**' section prior to all calls, and other areas as relevant. Refer to the Island Health ***COVID-19 Response Protocol: Long-term Care Facility*** for further steps.
4. Call the after-hours call line at **[phone number]** and report the reason(s) for the call to dispatch. You will either be patched directly through to the on-call Physician, or they will call you back shortly.
5. Record the on-call Physician's response (including instructions and orders) on the SBAR form.
6. Fax the completed SBAR form to the Resident's MRP to inform and plan follow up, if necessary. If the On-Call Physician visits the Resident at the facility, include any progress notes or additional documentation to the MRP.
7. Fax the completed SBAR form to the on-call Physician for their records (see fax number below).
8. Place completed SBAR in the 'Physician Notes' section of the chart.

[AREA] After-Hours On-call Physician Fax Numbers – FOR FOLLOW UP FAX ONLY

Physician	Fax	Physician	Fax	Physician	Fax

ABBREVIATIONS					
AGMP	Aerosol Generating Medical Procedures	INR	International Normalized Ratio	PHN	Personal Health Number
BG	Blood Glucose	LOC	Level of Consciousness	LTCI	Long-term Care Initiative
BP	Blood Pressure	MAR	Medication Administration Record	RR	Respiration Rate
DOB	Date of Birth	MOST	Medical Orders for Scope of Treatment	SBAR	Situation Background Assessment Recommendation
eGFR	Estimated Glomerular Filtration Rate	MRP	Most Responsible Physician	Temp	Temperature

Questions or Comments about the After-Hours SBAR?

If you have any questions or feedback, please contact the LTCI team at [email] or [phone number]