

Daytime Communication Form - SBAR

Complete this form prior to calling / faxing the MRP

Use: For contacting the MRP during regular office hours
(Routine & Urgent Concerns)

HAVE READY <input type="checkbox"/> COVID-19 Screening ** <input type="checkbox"/> Chart & MOST <input type="checkbox"/> Completed SBAR <input type="checkbox"/> MAR		Resident Name											
Staff Name	<input type="checkbox"/> LPN <input type="checkbox"/> RN	Call/Fax Time:	Resident DOB (DD/MM/YYYY) <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y						
Facility:		Call/Fax Date:	Resident PHN (10) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Phone / Fax:		Local:	MRP										
			Resident's Primary Contact										

FURTHER COVID-19 SCREENING ** Common COVID-19 symptoms highlighted in red **	Other S&S's of the resident: <input type="checkbox"/> Change in LOC; <input type="checkbox"/> Cough or <input type="checkbox"/> SOB; <input type="checkbox"/> Confusion; <input type="checkbox"/> Fatigue; <input type="checkbox"/> Fever; <input type="checkbox"/> Functional decline; <input type="checkbox"/> Gastrointestinal concerns		
	COVID-19 Positive:	<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed	Isolation precautions <input type="checkbox"/> No <input type="checkbox"/> Yes: Contact <input type="checkbox"/> / Droplet <input type="checkbox"/>
	COVID-19 Swab Collected:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Infection Control aware of COVID status? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes
	COVID-19 confirmed / suspected in other resident(s):	<input type="checkbox"/> No <input type="checkbox"/> Yes	Are any facility residents utilizing AGMPs? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Any staff members showing symptoms of COVID-19?	<input type="checkbox"/> No <input type="checkbox"/> Yes	(includes: O2 >5L NP, nebulizers, BiPAP, CPAP, suctioning)

SITUATION	Reason for Call / Fax

BACKGROUND	Relevant Medical History / Usual Functional Status
	Allergies <div style="text-align: right;">MOST: M __ or C __</div>

ASSESSMENT	BP	SpO2	RR	Temp	Assessment <input type="checkbox"/> Medication Profile Included
	HR	eGFR	<input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen @ ____ L/min		
	If Available/Relevant				
	INR	BG	Pain		

RECOMMEND	Nursing Recommendations

RESPONSE	Physician Response
IF RESIDENT COVID-19 + : Physician (MRP during weekday, LTCI On-Call, or MC) is to attend an Emergency Outbreak Management Teleconference, 90-120 minutes after the Communicable Health Nurse notifies the facility nurse , by calling 250.519.7700 ext. 26834 . ➔ Refer to the Island Health COVID-19 Response Protocol: Long-term Care Facility for further steps.	