

# After-Hours Communication Form - SBAR

Complete this form prior to calling dispatch at 1.877.404.2011

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

<b>HAVE READY</b> <input type="checkbox"/> <b>COVID-19 Screening **</b> <input type="checkbox"/> Chart & MOST <input type="checkbox"/> Completed SBAR <input type="checkbox"/> MAR		Resident Name (Last, First)	
Responding Physician (Last, First)		Resident DOB (DD/MM/YYYY)	Resident PHN (10)
Caller Name <input type="checkbox"/> LPN <input type="checkbox"/> RN		Call Date:	Resident MRP (Last, First)
Facility:		Call Time:	Resident Primary Contact (Name & Phone)
Phone:		Local:	

<b>SITUATION</b>	<b>Reason for Call</b> <input type="checkbox"/> Chest pain <input type="checkbox"/> Diabetes <input type="checkbox"/> Lab values (critical) <input type="checkbox"/> Shortness of breath   Notes: _____ <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Confusion <input type="checkbox"/> Fall with injury <input type="checkbox"/> Medication error <input type="checkbox"/> Skin problem <input type="checkbox"/> Agitation <input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> Pain management <input type="checkbox"/> Urinary concern <input type="checkbox"/> Cardiac <input type="checkbox"/> Death (unnatural) <input type="checkbox"/> Gastrointestinal concerns <input type="checkbox"/> Palliative orders <input type="checkbox"/> Other (inform dispatch) <input type="checkbox"/> Change in LOC <input type="checkbox"/> Delirium <input type="checkbox"/> Influenza symptoms <input type="checkbox"/> Query fracture
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<b>ASSESSMENT</b>	<b>FURTHER COVID-19 SCREENING   ** Common COVID-19 symptoms highlighted in red **</b> 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 <b>COVID-19 Positive:</b> <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"/> <b>COVID-19 Swab Collected:</b> <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)
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<b>BACKGROUND</b>	<b>Relevant Medical History / Usual Functional Status</b>  Allergies _____
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<b>ASSESSMENT</b>	<table border="1"> <tr> <td>BP</td> <td>SpO2</td> <td>RR</td> <td>Temp</td> </tr> <tr> <td>HR</td> <td>eGFR</td> <td><input type="checkbox"/> Room Air</td> <td rowspan="2"> <b>Assessment   ** Ensure all vital signs &amp; a respiratory assessment are recorded PRIOR to calling **</b>  <input type="checkbox"/> Oxygen @ ____ L/min         </td> </tr> <tr> <td colspan="4" style="text-align: center;"><i>If Available/Relevant</i></td> </tr> <tr> <td>INR</td> <td>BG</td> <td colspan="2">Pain</td> </tr> </table>	BP	SpO2	RR	Temp	HR	eGFR	<input type="checkbox"/> Room Air	<b>Assessment   ** Ensure all vital signs &amp; a respiratory assessment are recorded PRIOR to calling **</b> <input type="checkbox"/> Oxygen @ ____ L/min	<i>If Available/Relevant</i>				INR	BG	Pain	
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<b>RECOMMEND</b>	<b>Nursing Recommendations</b>
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<b>RESPONSE</b>	<b>On-Call Physician Response   ** ORDERS MUST be transcribed in the chart – this section is to note response only **</b>  <b>IF RESIDENT COVID-19 + :</b> Physician (MRP during weekday, LTCI On-Call, or MC) is to attend an <b>Emergency Outbreak Management Teleconference, 90-120 min after Communicable Health Nurse notifies the facility nurse</b> , by calling <b>250.519.7700 ext. 26834.</b> <b>→ Refer to the Island Health COVID-19 Response Protocol: Long-term Care Facility for further steps.</b>
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<b>FOLLOW-UP</b>	<b>Nurse or Designate to FAX completed SBAR &amp; Additional Documentation to:</b> <b>FAXED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No 1. On-Call Physician (fax #s on second page): <input type="checkbox"/> SBAR   2. MRP: <input type="checkbox"/> SBAR & <input type="checkbox"/> Additional Documentation   - <input type="checkbox"/> Follow-up required <input type="checkbox"/> For your info only <b>Place completed SBAR in the Physician Notes section of resident chart:</b> <input type="checkbox"/> Date: _____   Time: _____
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## 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 **1.877.404.2011** 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.

## Saanich Peninsula After-Hours On-call Physician Fax Numbers FOR FOLLOW UP FAX ONLY

Physician	Fax	Physician	Fax	Physician	Fax
Bourdon, Sienna	778.401.0470	Gunton, Patricia	778.426.0338	Pawlik, Michal	778.401.0448
Coleman, Fiona	250.656.9285	Kwasnica, Andrew	250.656.9285	Saunders, Maurice	778.401.0456
Del Bel, Nikki	778.401.0431	Lamb, Charlie	250.475.3530	Vaughan, Matthew	250.590.7726
Dowler, Chris	250.656.9285	Lewis, Andrea	250.656.9285	Vaughan, Michael	250.385.8153
Du Toit, Andre	250.652.0738	Liebscher, Ryan	778.426.0568	Wray, George	778.401.0452
Forrester, Molly	778.401.0502	Marsh, Ambrose	250-656-9285		

### ABBREVIATIONS

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

### Questions or Comments about the After-Hours SBAR?

If you have any questions or feedback, please contact the LTCI team at [VictoriaSouthIsland.LTCI@divisionsbc.ca](mailto:VictoriaSouthIsland.LTCI@divisionsbc.ca) or 778.265.3137