

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)	Resident PHN (10)
Facility:	Call/Fax Date:	MRP	
Phone / Fax:	Local:	Resident's Primary Contact	

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 Isolation precautions No Yes: Contact / Droplet

COVID-19 Swab Collected: No Yes Infection Control aware of COVID status? N/A No Yes

COVID-19 confirmed / suspected in other resident(s): No Yes Are any facility residents utilizing AGMPs? No Yes

Any staff members showing symptoms of COVID-19? No Yes (includes: O2 >5L NP, nebulizers, BiPAP, CPAP, suctioning)

SITUATION Reason for Call / Fax

BACKGROUND Relevant Medical History / Usual Functional Status

Allergies

MOST: M __ or C __

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		
	<i>If Available/Relevant</i>				
	INR	BG	Pain		

RECOMMEND Nursing Recommendations

RESPONSE Physician Response ** ORDERS MUST be transcribed in the chart – this section is to note response only ** Orders Transcribed in Chart

IF RESIDENT COVID-19 POSITIVE : 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.

F/U Nurse / Designate: 1. FAX completed SBAR & Additional Documentation to MRP: FAXED
 2. Place completed SBAR in the Physician Notes section of resident chart: COMPLETE

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