

# 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)**

<b>HAVE READY</b> <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 \_\_**

<b>ASSESSMENT</b>	BP	SpO2	RR	Temp	<b>Assessment</b> <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

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**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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