

Sooke After-Hours SBAR

Complete this form prior to calling dispatch at **1.888.686.3019**

URGENT Resident issues only for After-Hours Coverage.
Contact MRP during regular hours (M-F 0700 – 1730) for other issues.

HAVE READY <input type="checkbox"/> COVID-19 Screening ** <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: <input type="checkbox"/> LPN <input type="checkbox"/> RN		Resident MRP (Last, First)	
Facility:		Resident Primary Contact (Name & Phone)	
Phone:		Local:	

INFLUENZA-LIKE ILLNESS SCREENING: Fever; Cough (new or worsening); Sore throat; Arthralgia; Myalgia; Headache; Prostration

COVID-19 SCREENING:
S&S (Typical & Atypical): Abd pain; Change in LOC; Cough (new or worsening) SOB; Confusion; Fatigue or weakness; Conjunctivitis; GI concerns;
 Loss of smell/taste; Fever (unknown origin); Acute Functional decline; Rhinorrhea; Sore throat; Finger/toe discoloration; Rash

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) or contact: 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 – excluding oral suction)

SITUATION	Reason for Call	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Delirium	<input type="checkbox"/> Influenza symptoms	<input type="checkbox"/> Query fracture	Notes: _____
	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Confusion	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lab values (critical)	<input type="checkbox"/> Shortness of breath	
	<input type="checkbox"/> Agitation	<input type="checkbox"/> Cough	<input type="checkbox"/> Fall with injury	<input type="checkbox"/> Medication error	<input type="checkbox"/> Skin problem	_____
	<input type="checkbox"/> Cardiac	<input type="checkbox"/> COVID symptoms	<input type="checkbox"/> Fever	<input type="checkbox"/> Pain management	<input type="checkbox"/> Urinary concern	_____
	<input type="checkbox"/> Change in LOC	<input type="checkbox"/> Death (unnatural)	<input type="checkbox"/> Gastrointestinal concerns	<input type="checkbox"/> Palliative orders	<input type="checkbox"/> Other (inform dispatch)	_____

BACKGROUND Relevant Medical History / Usual Functional Status

Allergies **MOST: M__ or C__**

ASSESSMENT	BP	SpO2	RR	Temp	Assessment ** Ensure all vitals & a respiratory assessment are recorded PRIOR to calling **
	HR	eGFR	<input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen @ ____ L/min		
	<i>If Available/Relevant</i>				
	INR	BG			

RECOMMEND Nursing Recommendations

RESPONSE On-Call Physician Response Orders Transcribed in Chart ****MANDATORY** - DO NOT use this section to transcribe orders / send to Pharmacy**

IF RESIDENT CONFIRMED COVID-19 POSITIVE: Physician (MRP, LTCI After-Hours, or Medical Coordinator) to attend an Emergency Outbreak Management Teleconference (90-120 min after Communicable Health Nurse notifies the care home nurse) @ 250.519.7700 ext. 26834

FOLLOW-UP Nurse / Designate: FAX completed SBAR & additional documentation to:

1. On-Call Physician (fax number 2nd page): SBAR 2. MRP: SBAR & Additional Documentation - Follow-up required For your info only

→ Place SBAR in the **Physician Notes** section of resident chart: Date: _____ Time: _____

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On-call Physician Fax Numbers (for follow-up fax only)

Physician	Fax	Physician	Fax	Physician	Fax
Forsberg, Tracy	250.642.6032	Kluge, Hagen	250.642.6032	Saunders, Robin	250.642.6032
Herrling, Kristi	250.642.6032	Rabien, Anton	250.642.6032	Vally, Tomas	250.642.6032

Instructions: After-Hours Communication SBAR Form

USE: For **URGENT** after-hours resident issues. The Sooke After-Hours Call Line is available from **Monday to Thursday 1730 – 0700, Friday at 1730 - Monday at 0700**. Please contact the resident's 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, DOB, PHN, and MRP. Redact/black out all other information if using a resident label.
2. Complete the entire SBAR form as appropriate PRIOR to calling the dispatch line.
3. Red highlighted words pertain to COVID-19 screening. Complete the questions in the 'COVID-19 SCREENING' section prior to all calls. Refer to the Island Health **COVID-19 Response Protocol: Long-term Care Facility** for further steps.
4. Influenza-like illness screening questions added. May be used as needed.
5. Call the after-hours call line at **1.888.686.3055** 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.
6. Document the on-call Physician's response (including instructions and orders) on the SBAR form.
7. **Physician orders MUST also be transcribed in the resident chart**, as the *Physician Response* section is only appropriate for recording notes for the MRP and On-Call physician. The resident chart orders are to be sent to the Pharmacy, not the SBAR form.
8. Fax the 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.
9. Fax the SBAR form to the on-call Physician for their records (see fax numbers above).
10. Place SBAR in the 'Physician Notes' (or equivalent) section of the resident's chart.

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 or 778.265.3137