

# Saanich Peninsula After-Hours 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 (M-F 0700 – 1830) for other issues.**

|   |            |   |                   |
|---|------------|---|-------------------|
| <b>HAVE READY</b> <input type="checkbox"/> <b>COVID-19 Screening **</b> <input type="checkbox"/> Chart & MOST<br><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  | Call Date: | Resident MRP (Last, First)              |                   |
| Facility:   | Call Time: | 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)

|                  |  |
|------------------|--|
| <b>SITUATION</b> | <b>Reason for Call</b> <input type="checkbox"/> Chest pain <input type="checkbox"/> Delirium <input type="checkbox"/> Influenza symptoms <input type="checkbox"/> Query fracture   Notes: _____<br><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 _____<br><input type="checkbox"/> Agitation <input type="checkbox"/> Cough <input type="checkbox"/> Fall with injury <input type="checkbox"/> Medication error <input type="checkbox"/> Skin problem _____<br><input type="checkbox"/> Cardiac <input type="checkbox"/> COVID symptoms <input type="checkbox"/> Fever <input type="checkbox"/> Pain management <input type="checkbox"/> Urinary concern _____<br><input type="checkbox"/> Change in LOC <input type="checkbox"/> Death (unnatural) <input type="checkbox"/> Gastrointestinal concern <input type="checkbox"/> Palliative orders <input type="checkbox"/> Other (inform dispatch) _____ |
|                  | <b>Relevant Medical History / Usual Functional Status</b><br><br>Allergies _____   |

|                   |   |
|-------------------|---|
| <b>ASSESSMENT</b> | BP   SpO <sub>2</sub> RR   Temp <b>Assessment ** Ensure all vitals &amp; a respiratory assessment are recorded PRIOR to calling **</b>        |
|                   | HR   eGFR <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen @ ____ L/min<br>_____<br><i>If Available/Relevant</i><br>INR   BG |

|                  |   |
|------------------|---|
| <b>RECOMMEND</b> | <b>Nursing Recommendations</b>  |
|                  | <b>On-Call Physician Response</b> <input type="checkbox"/> Orders Transcribed in Chart <b>**MANDATORY** - DO NOT use this section to transcribe orders / send to Pharmacy</b> |

**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**

**Nurse / Designate: FAX completed SBAR & additional documentation to:**

1. On-Call Physician (fax number 2<sup>nd</sup> 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          |
|------------------|--------------|-------------------|--------------|------------------|--------------|
| Bourdon, Sienna  | 778.401.0470 | Gunton, Patricia  | 778.426.0338 | Sheikh, Osmaan   | 250.412.3557 |
| Coleman, Fiona   | 250.656.9285 | Kwasnica, Andrew  | 250.656.9285 | Vaughan, Matthew | 250.590.7726 |
| Del Bel, Nikki   | 778.401.0431 | Lewis, Andrea     | 250.656.9285 | Vaughan, Michael | 250.385.8153 |
| Dowler, Chris    | 250.656.9285 | Marsh, Ambrose    | 250-656-9285 | Wray, George     | 778.401.0452 |
| Du Toit, Andre   | 250.652.0738 | Pawlik, Michal    | 778.401.0448 |                  |              |
| Forrester, Molly | 778.401.0502 | Saunders, Maurice | 778.401.0456 |                  |              |

## Instructions: After-Hours Communication SBAR Form

**USE:** For **URGENT** after-hours resident issues. The Saanich Peninsula After-Hours Call Line is available from **Monday to Thursday 1830 – 0700, Friday at 1830 - 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 **1.877.404.2011** 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.
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                   | LTCl | 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 LTCl team at [VictoriaSouthIsland.LTCl@divisionsbc.ca](mailto:VictoriaSouthIsland.LTCl@divisionsbc.ca) or 778.265.3137