Victoria After-Hours SBAR

Complete this form **prior** to calling dispatch at **1.888.686.3055**

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

HAVE READY ☐ **COVID-19 Screening **** ☐ Chart & MOST ☐ Completed SBAR ☐ MAR

Resident Name *(Last, First)*

Responding Physician *(Last, First)*

Resident DOB (DD/MM/YYYY) D D M M Y Y Y Y

Resident PHN (10)

Caller: ☐LPN ☐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

COVID-19 Swab Collected: ☐ No ☐ Yes

COVID-19 confirmed / suspected in other resident(s) or contact: ☐ No ☐ Yes

Any staff members showing symptoms of COVID-19? ☐ No ☐ Yes

Isolation precautions ☐ No ☐ Yes: Contact ☐ / Droplet ☐

Infection Control aware of COVID status? ☐ N/A ☐ No ☐ Yes

Are any facility residents utilizing AGMPs? ☐ No ☐ Yes

(includes: O2 >5L NP, nebulizers, BiPAP, CPAP, suctioning – excluding oral suction)

SITUATION

Reason for Call

☐ Abdominal pain ☐ Agitation ☐ Cardiac ☐ Change in LOC ☐ Chest pain ☐ Confusion ☐ Cough ☐ COVID symptoms ☐ Death (unnatural) ☐ Delirium ☐ Diabetes ☐ Fall with injury ☐ Fever ☐ Gastrointestinal concern ☐ Influenza symptoms ☐ Lab values (critical) ☐ Medication error ☐ Pain management ☐ Palliative orders ☐ Query fracture ☐ Shortness of breath ☐ Skin problem ☐ Urinary concern ☐ Other (*inform dispatch*)

Notes: _____

BACKGROUND

Relevant Medical History / Usual Functional Status

Allergies

MOST: M___ or C___

ASSESSMENT

BP	SpO_2	RR	Temp
HR	eGFR	☐ Room Air ☐ Oxygen @ ____ L/min	
If Available/Relevant			
INR		BG	

Assessment *** Ensure all vitals & a respiratory assessment are recorded PRIOR to calling ***

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 on 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: _____

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

Physician	Fax	Physician	Fax	Physician	Fax
Bekker, Ian	778.401.0430	**Forster**, George	250.385.3628	**Nicoll**, Dale	778.746.1643
Brook, David	778.401.0518	**Grimwood**, Russ	250.598.2429	**Rideout**, Gregory	778.401.0528
Chew, Gilbert	250.479.1607	**Houghton**, Peter	250.658.5241	**Roh**, Christine	778.401.0477
Clinton-Baker, David	778.401.0540	**Manville**, Margaret	778.747.2721	**Syyong**, Harley	778 401 0475
Darcel, Keith	250.483.1929	**McFadyen**, Roderick	778.401.0501	**Vaughan**, Matthew	250.590.7726
Domke, Herb	250.595.5533	**McKeen**, Katharine	778.265.0603	**Vaughan**, Michael	250.385.8153
Edora, Fil	250.727.9936	**Mordasiewicz**, Merunka	778.401.0527	**Wolovitz**, David	778.430.0901
Egan, Frank	250.592.8182	**Neweduk**, Peter	778.401.0464	**Woodburn**, Layne	250.477.7580

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 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