

# 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"/> COVID-19 Screening ** <input type="checkbox"/> Chart & MOST <input type="checkbox"/> Completed SBAR <input type="checkbox"/> MAR		<b>Resident Name</b> (Last, First)	
<b>Responding Physician</b> (Last, First)		<b>Resident DOB</b> (DD/MM/YYYY)	
<b>Caller:</b> <input type="checkbox"/> LPN <input type="checkbox"/> RN		<b>Resident PHN</b> (10)	
<b>Facility:</b>		<b>Resident MRP</b> (Last, First)	
<b>Call Date:</b>		<b>Resident Primary Contact</b> (Name & Phone)	
<b>Call Time:</b>			
<b>Phone:</b>		<b>Local:</b>	

<b>INFLUENZA-LIKE ILLNESS SCREENING:</b> <input type="checkbox"/> Fever; <input type="checkbox"/> Cough (new or worsening); <input type="checkbox"/> Sore throat; <input type="checkbox"/> Arthralgia; <input type="checkbox"/> Myalgia; <input type="checkbox"/> Headache; <input type="checkbox"/> Prostration	
<b>COVID-19 SCREENING:</b>	
<b>S&amp;S (Typical &amp; Atypical):</b> <input type="checkbox"/> Abd pain; <input type="checkbox"/> Change in LOC; <input type="checkbox"/> Cough (new or worsening) <input type="checkbox"/> SOB; <input type="checkbox"/> Confusion; <input type="checkbox"/> Fatigue or weakness; <input type="checkbox"/> Conjunctivitis; <input type="checkbox"/> GI concerns; <input type="checkbox"/> Loss of smell/taste; <input type="checkbox"/> Fever (unknown origin); <input type="checkbox"/> Acute Functional decline; <input type="checkbox"/> Rhinorrhea; <input type="checkbox"/> Sore throat; <input type="checkbox"/> Finger/toe discoloration; <input type="checkbox"/> Rash	
<b>COVID-19 Positive:</b> <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed	
<b>COVID-19 Swab Collected:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
COVID-19 confirmed / suspected in other resident(s) or contact: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Any staff members showing symptoms of COVID-19? <input type="checkbox"/> No <input type="checkbox"/> Yes	

<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	<b>Notes:</b> _____
	<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	
<b>BACKGROUND</b>	<b>Relevant Medical History / Usual Functional Status</b>	
	Allergies	
<b>ASSESSMENT</b>	<b>Assessment</b> ** Ensure all vitals & a respiratory assessment are recorded PRIOR to calling **	

<b>ASSESSMENT</b>	BP SpO <sub>2</sub> RR Temp	
	HR eGFR <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen @ ____ L/min	
<b>RECOMMEND</b>	INR BG	

<b>RECOMMEND</b>	<b>Nursing Recommendations</b>

<b>RESPONSE</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>

<b>RESPONSE</b>	<b>IF RESIDENT CONFIRMED COVID-19 POSITIVE:</b> 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

<b>FOLLOW-UP</b>	<b>Nurse / Designate:</b> FAX completed SBAR & additional documentation to:
	1. On-Call Physician (fax number 2 <sup>nd</sup> page): <input type="checkbox"/> SBAR 2. MRP: <input type="checkbox"/> SBAR & <input type="checkbox"/> Additional Documentation - <input type="checkbox"/> Follow-up required <input type="checkbox"/> For your info only → Place SBAR in the <b>Physician Notes</b> section of resident chart: <input type="checkbox"/> Date: _____ Time: _____

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

Physician	Fax	Physician	Fax	Physician	Fax
<b>Beckett</b> , Jennifer	778.401.0506	<b>Forrester</b> , Molly	778.401.0502	<b>Pawlik</b> , Michal	778.401.0448
<b>Bourdon</b> , Sienna	778.401.0470	<b>Gunton</b> , Patricia	778.426.0338	<b>Saunders</b> , Maurice	778.401.0456
<b>Coleman</b> , Fiona	250.656.9285	<b>Kwasnica</b> , Andrew	250.656.9285	<b>Sheikh</b> , Osmaan	778.401.0542
<b>Del Bel</b> , Nikki	778.401.0431	<b>Lewis</b> , Andrea	250.656.9285	<b>Vaughan</b> , Matthew	250.590.7726
<b>Dowler</b> , Chris	250.656.9285	<b>Mackenzie</b> , Ian	250-656-9285	<b>Vaughan</b> , Michael	250.385.8153
<b>Du Toit</b> , Andre	250.652.0738	<b>Marsh</b> , Ambrose	250-656-9285		

## 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:

- Clearly write the resident's Name, DOB, PHN, and MRP. Redact/black out all other information if using a resident label.
- Complete the entire SBAR form as appropriate PRIOR to calling the dispatch line.
- 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.
- Influenza-like illness screening questions added. May be used as needed.
- 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.
- Document the on-call Physician's response (including instructions and orders) on the SBAR form.
- 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.
- 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.
- Fax the SBAR form to the on-call Physician for their records (see fax numbers above).
- 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](mailto:VictoriaSouthIsland.LTCI@divisionsbc.ca) or 778.265.3137