

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 <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) D D M M Y Y Y Y	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: <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	
COVID-19 SCREENING:	
S&S (Typical & Atypical): <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	
COVID-19 Positive: <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed	Isolation precautions <input type="checkbox"/> No <input type="checkbox"/> Yes: Contact <input type="checkbox"/> / Droplet <input type="checkbox"/>
COVID-19 Swab Collected: <input type="checkbox"/> No <input type="checkbox"/> Yes	Infection Control aware of COVID status? <input type="checkbox"/> N/A <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	Are any facility residents utilizing AGMPs? <input type="checkbox"/> No <input type="checkbox"/> Yes
Any staff members showing symptoms of COVID-19? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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

ASSESSMENT	BP	SpO ₂	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		
	If Available/Relevant				
	INR	BG			

RECOMMEND	Nursing Recommendations
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RESPONSE	On-Call Physician Response <input type="checkbox"/> 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): <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 Physician Notes 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
Al Haddad , Nazar	250.478.1300	Forster , George	250.385.3628	Pawluk , Alicia	778.698.4587
Bekker , Ian	778.401.0430	Grimwood , Russ	250.598.2429	Rideout , Gregory	778.401.0528
Brook , David	778.401.0518	Houghton , Peter	250.658.5241	Roh , Christine	778.401.0477
Chew , Gilbert	778.698.1898	Manville , Margaret	778.747.2721	Syyong , Harley	778 401 0475
Clinton-Baker , David	778.401.0540	McFadyen , Roderick	778.401.0501	Vaughan , Matthew	250.590.7726
Darcel , Keith	250.483.1929	McKeen , Katharine	778.265.0603	Vaughan , Michael	250.385.8153
Domke , Herb	250.595.5533	Mordasiewicz , Merunka	778.401.0527	Wolovitz , David	778.430.0901
Edora , Fil	250.727.9936	Neweduk , Peter	778.401.0464	Woodburn , Layne	250.477.7580
Egan , Frank	250.592.8182	Nicoll , Dale	778.746.1643		

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