

Daytime Communication SBAR

Complete prior to contacting the Most Responsible Provider (MRP)

Daytime ROUTINE & URGENT MRP Contact

Use to contact the MRP during regular hours (Mon - Fri 0700 – 1730)

PREPARE <input type="checkbox"/> Completed SBAR <input type="checkbox"/> Chart & MOST <input type="checkbox"/> MAR		Resident Name (Last, First)	
Nurse: <input type="checkbox"/> LPN <input type="checkbox"/> RPN/RN	Care Home:	Resident DOB (DD/MM/YYYY)	Residents' PHN (10)
Date:	Time:	MRP:	Phone/Fax:
Unit:	Fax:	Primary Contact:	

COMMUNICABLE DISEASE SCREENING:			
<input type="checkbox"/> None <i>suspected</i>	<input type="checkbox"/> COVID-19: <input type="checkbox"/> Influenza-like Illness: <input type="checkbox"/> Norovirus-like Illness: <input type="checkbox"/> C-difficile:	<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed	<input type="checkbox"/> Shingles: <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> ARO: <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed
		Specimen Sent: <input type="checkbox"/> No <input type="checkbox"/> Yes Type: _____	Additional Precautions: <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne

SITUATION	Reason for Call				
	Relevant Medical History / Usual Functional Status				
BACKGROUND	Allergies			MOST: M ___ or C ___	
	ASSESSMENT	BP	SpO ₂	RR	Temp
HR	BG	<input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen @ _____ L/min			
Pain					
<i>If Available/Relevant</i>					
	INR	eGFR			
RECOMMEND	Nursing Recommendations				

MRP RESPONSE NOTES	
<p>Please select 1 of 4 options:</p> <p><input type="checkbox"/> No orders received</p> <p><input type="checkbox"/> Nurse transcribed verbal orders in resident's health record</p> <p><input type="checkbox"/> MRP transcribed orders in the resident's health record</p> <p><input type="checkbox"/> MRP to fax orders to care home</p>	

FOLLOW-UP Nurse/Designate:
<input type="checkbox"/> SBAR form faxed to MRP <input type="checkbox"/> SBAR placed in the MRP Notes section of the residents' health record OR <u>unit MRP Communication Binder</u>

This fax is for authorized use by the intended recipient only. If you are not the intended recipient, you are hereby notified that any review, retransmission, conversion to hard copy, copying, circulation or any other use of this message and any attachments is strictly prohibited. If you are not the intended recipient, please notify the sender immediately and destroy this fax (V3; December 2021).