

# Behavioural & Psychological Symptoms SBAR

Complete prior to contacting the After-Hours Physician.

## After-Hours Communication Tool

Use for communication and decision-making

<b>PREPARE/SEND</b> <input type="checkbox"/> Completed SBAR <input type="checkbox"/> MOST <input type="checkbox"/> MAR	<b>Resident Name</b> ( <i>Last, First</i> )	
<b>Nurse:</b> <input type="checkbox"/> LPN <input type="checkbox"/> RPN/RN	<b>Care Home:</b>	<b>Resident DOB</b> (DD/MM/YYYY) D D M M Y Y Y
<b>Date:</b>	<b>Time:</b>	<b>MRP:</b>
<b>Unit:</b>	<b>Fax:</b>	<b>Phone/Fax:</b>
		<b>Primary Contact:</b>

<b>SITUATION</b>	I am contacting you about new/worsening behavioural/psychological symptoms in the resident that require physician or nurse practitioner support.
<b>Current Situation:</b> Relevant acute behaviours, physical, intellectual, and emotional state	
<b>Interventions Attempted</b>	Non-pharmacological:  Pharmacological:

<b>BACKGROUND</b>	
<b>Relevant Medical History:</b>	
<b>Current Medications:</b>	
<b>Allergies:</b>	<b>History of Violence:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>MOST:</b> M ___ or C ___

<b>ASSESSMENT</b>	
<b>Level of Urgency:</b> <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	<b>Risks:</b> <input type="checkbox"/> Wandering <input type="checkbox"/> Violence <input type="checkbox"/> Suicide/self-harm
<b>Acute Situational Causes</b>	Physical, emotional, intellectual:  Social, environmental:
<input type="checkbox"/> I am unsure what the problem is, but the resident is deteriorating <input type="checkbox"/> I think the following is occurring ...	

<b>RECOMMEND</b>	Based on the situation and my assessment, I recommend / request ...
<input type="checkbox"/> a PRN/regular medication order for symptoms	<input type="checkbox"/> further tests or treatments: _____
<input type="checkbox"/> a transfer to acute care for: <input type="checkbox"/> safety/stabilization <input type="checkbox"/> further assessment	<input type="checkbox"/> other: _____
<input type="checkbox"/> an on-site assessment, within _____ hours OR by _____	

<b>MRP RESPONSE NOTES</b>	<b>Select 1 of 4 options:</b> <input type="checkbox"/> No orders received <input type="checkbox"/> Nurse transcribed verbal orders in resident's health record <input type="checkbox"/> MRP transcribed orders in the resident's health record <input type="checkbox"/> MRP to fax orders to care home
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<b>FOLLOW-UP   Nurse/Designate, please:</b>
<input type="checkbox"/> SBAR form faxed to MRP <input type="checkbox"/> SBAR placed in the <u>MRP Notes</u> section of the residents' health record <b>OR</b> <u>unit MRP Communication Binder</u>

References:  
Behavioural and Psychological Symptoms in Dementia (BPSD) in Residential Care. (2013). Retrieved from <https://bcbpsd.ca/docs/part-1/Final%20Provincial%20SBAR%20BPSD%20No%20logo%20V6.pdf>  
Island Health. (2016). SBAR – Urgent information transfer and communication. Retrieved from <https://intranet.islandhealth.ca/pnp/pnpdocs/sbar-urgent-information-transfer-communication.pdf#search=sbar>