

Behavioural & Psychological Symptoms SBAR

Complete prior to contacting the After-Hours Physician.

After-Hours Communication Tool

Use for communication and decision-making

PREPARE/SEND <input type="checkbox"/> Completed SBAR <input type="checkbox"/> 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)	Resident PHN (10)
Date:	Time:	MRP:	Phone/Fax:
Unit:	Fax:	Primary Contact:	

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

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

ASSESSMENT	
Level of Urgency: <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	Risks: <input type="checkbox"/> Wandering <input type="checkbox"/> Violence <input type="checkbox"/> Suicide/self-harm
Acute Situational Causes	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 ...	

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

MRP RESPONSE NOTES	Select 1 of 4 options: <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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FOLLOW-UP Nurse/Designate, please:
<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 OR <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>