

Complete this form **prior** to calling dispatch at **1.877.404.2011**

Contact MRP during regular hours (Mon-Fri 0700 – 1830) for other issues

COMMUNICABLE DISEASE SCREENING:									
<input type="checkbox"/> None <input type="checkbox"/> suspected	<input type="checkbox"/> COVID-19:	<input type="checkbox"/> Suspected	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Shingles:	<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		
	<input type="checkbox"/> Influenza-like Illness:	<input type="checkbox"/> Suspected	<input type="checkbox"/> Confirmed	<input type="checkbox"/> ARO:	<input type="checkbox"/> Suspected	<input type="checkbox"/> Confirmed			
	<input type="checkbox"/> Norovirus-like Illness:	<input type="checkbox"/> Suspected	<input type="checkbox"/> Confirmed	<input type="checkbox"/> Other:					
	<input type="checkbox"/> C-difficile:	<input type="checkbox"/> Suspected	<input type="checkbox"/> Confirmed		<input type="checkbox"/> Suspected	<input type="checkbox"/> Confirmed			

BACKGROUND	Relevant Medical History / Usual Functional Status	
	<p>Allergies</p>	<p>MOST: M ____ or C ____</p>

RECOMMEND	Nursing Recommendations

	<p><u>Please select 1 of 3 options:</u></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"/> Physician on-call transcribed orders the resident's health record</p> <p><i>Most Responsible Nurse (MRN) documents summary of physician response in progress notes</i></p>
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SAANICH PENINSULA On-call Physician Fax Numbers* (for follow-up fax only)

PHYSICIAN	FAX	PHYSICIAN	FAX	PHYSICIAN	FAX
Beckett , Jennifer	778.401.0506	Devine , Frank	778.400.8717	Lewis , Andrea	250.656.9285
Bourdon , Sienna	778.401.0470	Dowler , Chris	250.656.9285	Marsh , Ambrose	250.656.9285
Braybrook , Heather	778.401.0452	du Toit , Andre	250.652.0738	Pawlik , Michal	778.401.0448
Brink , Rose	778.400.8705	Forrester , Molly	250.656.9285	Syyong , Harley	778-401-0475
Coleman , Fiona	250.656.9285	Kwasnica , Andrew	250.656.9285	Vaughan , Matthew	250.590.7726
Del Bel , Nikki	778.401.0431	Laurie , Zander	778.400.8681	Vaughan , Michael	250.385.8153

Instructions: After-Hours Communication SBAR Form

USE: For **URGENT** after-hours resident issues only. The Saanich Peninsula After-Hours Call Line is available from **Monday to Thursday 1830 – 0700, Friday 1830 - Monday 0700**, and **statutory holidays**. Please contact the resident's MRP during regular hours for all other concerns.

PURPOSE: To facilitate efficient, consistent communication of key information in an urgent situation to the physician on-call, and to provide clear communication of the situation for the resident's Most Responsible Provider (Physician or Nurse Practitioner) (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. Complete the questions in the '**COMMUNICABLE DISEASE**' section prior to all calls.
4. 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.
5. In 'Physician Response Notes', select how orders from the physician were documented (if orders were given) and document the interaction and physician directions in the nursing progress notes.
6. Fax the SBAR form to the resident's MRP to inform them of the urgent call, response, and plan. Indicate whether MRP follow-up is required or recommended. If handwritten orders or notes are written by the on-call physician during an on-site visit, include these documents in the fax to the MRP and on-call physician. Include nursing progress notes as necessary.
7. Fax the SBAR form to the on-call physician for their records (see fax numbers above).
8. Place SBAR in the 'Physician Notes' section of the resident's chart or the care home's MRP communication binder.

ABBREVIATIONS					
BG	Blood Glucose	LOC	Level of Consciousness	MRN	Most Responsible Nurse
BP	Blood Pressure	MC	Medical Coordinator	MOST	Medical Orders for Scope of Treatment
DOB	Date of Birth	MAR	Medication Administration Record	PHN	Personal Health Number
eGFR	Estimated Glomerular Filtration Rate	MRP*	Most Responsible Provider (Physician or Nurse Practitioner)	LTCI	Long-term Care Initiative
INR	International Normalized Ratio			RR	Respiration Rate

Questions or Comments about the After-Hours SBAR?

Please contact the LTCI team at VictoriaSouthIsland.LTCI@victoriadivision.ca or 778.265.3137