#### Victoria After-Hours SBAR **URGENT** Resident issues only for After-Hours Coverage Contact MRP during regular hours (Mon-Fri 0700 – 1700) for other issues Complete this form prior to calling dispatch at 1.888.686.3055 Resident Name (Last, First) **PREPARE** □ Completed SBAR ☐ Chart & MOST ☐ MAR Responding Physician (Last, First) Resident DOB (DD/MM/YYYY) Resident PHN (10) Nurse: MRP (Last, First) Date: □I PN □RN/RPN Care Home: Time: Primary Contact (Name, Phone) Phone: Local: COMMUNICABLE DISEASE SCREENING: ☐ COVID-19: □ Confirmed □ Shingles: □ Suspected ☐ Confirmed Specimen Sent: ☐ No ☐ Yes ☐ Suspected ☐ Influenza-like Illness: ☐ Suspected □ Confirmed ☐ ARO: ☐ Suspected □ Confirmed Type: ☐ None □ Norovirus-like Illness: □ Suspected □ Confirmed ☐ Other: **Additional Precautions:** □ No □ **Yes:** suspected ☐ C-difficile: ☐ Confirmed □ Confirmed ☐ Suspected ☐ Suspected ☐ Contact ☐ Droplet ☐ Airborne Reason for Call ☐ Chest pain □ Delirium □ Influenza symptoms □ Query fracture □ Other: ☐ Abdominal pain □ Confusion □ Diabetes ☐ Lab values (critical) ☐ Shortness of breath ☐ Cough ☐ Fall with injury ☐ Skin problem ☐ Agitation ☐ Medication error ☐ COVID symptoms ☐ Urinary concern ☐ Cardiac □ Fever ☐ Pain management ☐ Change in LOC ☐ Death (unnatural) ☐ Gastrointestinal concern □ Palliative orders Relevant Medical History / Usual Functional Status **3ACKGROUND** Allergies MOST: M or C ΒP SpO<sub>2</sub> RR Temp Assessment **ASSESSMENT** HR BG ☐ Room Air □ Oxygen @ L/min Pain If Available/Relevant **INR** eGFR **Nursing Recommendations** RECOMMEND **ON-CALL PHYSICIAN RESPONSE NOTES** Please select 1 of 3 options: □ No orders received ☐ Nurse transcribed verbal orders in resident's health record ☐ Physician on-call transcribed orders the resident's health record Most Responsible Nurse (MRN) documents summary of physician response in progress notes Nurse / Designate: FAX COMPLETED SBAR & additional documentation to: \* fax numbers located on next/second page LOW-UP 1. After-Hours On-Call Physician\*: □ SBAR + □ Additional Documentation (e.g. handwritten paper orders) 2. Most Responsible Provider\* (MRP): SBAR + Additional Documentation (e.g. written notes if on-call physician visited site) → PLACE SBAR in Physician Notes section of chart OR unit MRP communication binder: □ Date: Time:

# **VICTORIA On-call Physician Fax Numbers\*** (for follow-up fax only)

PHYSICIAN	FAX	PHYSICIAN	FAX	PHYSICIAN	FAX
Bekker, lan	778.401.0430	Grimwood, Russ	250.598.2429	Roh, Christine	778.401.0477
Brook, David	778.401.0518	Houghton, Peter	778.405.4623	Saunders, Robin	778.400.8981
Chew, Gilbert	778.698.1898	Manville, Margaret	778.747.2721	Stansfield, Zachary	778.401.0438
Clinton-Baker, David	778.401.0540	McFadyen, Roderick	778.401.0501	Syyong, Harley	778.401.0475
Darcel, Keith	250.483.1929	McKeen, Katharine	778.265.0603	Tsai, Jimmy	778.400.5723
Edora, Fil	250.727.9936	Mordasiewicz, Merunka	236.475.8540	Vaughan, Matthew	250.590.7726
Egan, Frank	250.592.8182	Neweduk, Peter	778.401.0464	Vaughan, Michael	250.385.8153
Forster, George	250.385.3628	Oosthuizen, Francois	778.401.0436	Woodburn, Layne	844.444.0895

## Instructions: After-Hours Communication SBAR Form

**USE:** For **URGENT** after-hours resident issues only. The Victoria After-Hours Call Line is available from **Monday to Thursday 1700 – 0700**, **Friday 1700 - 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 guestions in the 'COMMUNICABLE DISEASE' section prior to all calls.
- 4. 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.
- 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	WIKP		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