

# Victoria After-Hours SBAR

Complete this form prior to calling dispatch at 1.888.686.3055

URGENT Resident issues only for After-Hours Coverage

Contact MRP during regular hours (Mon-Fri 0700 – 1700) for other issues

PREPARE ☐ Completed SBAR ☐ Chart & MOST ☐ MAR

Resident Name (Last, First)

Resident DOB (DD/MM/YYYY)

Resident PHN (10)

D

D

M

M

Y

Y

Y

Y

Nurse: ☐ LPN ☐ RN/RPN

Date:

MRP (Last, First)

Care Home:

Time:

Primary Contact (Name, Phone)

Phone:

Local:

COMMUNICABLE DISEASE SCREENING:

☐ None suspected

☐ COVID-19: ☐ Suspected ☐ Confirmed

☐ Influenza-like Illness: ☐ Suspected ☐ Confirmed

☐ Norovirus-like Illness: ☐ Suspected ☐ Confirmed

☐ C-difficile: ☐ Suspected ☐ Confirmed

☐ Shingles: ☐ Suspected ☐ Confirmed

☐ ARO: ☐ Suspected ☐ Confirmed

☐ Other: ☐ Suspected ☐ Confirmed

Specimen Sent: ☐ No ☐ Yes  
Type: \_\_\_\_\_

Additional Precautions: ☐ No ☐ Yes:  
☐ Contact ☐ Droplet ☐ Airborne

SITUATION

Reason for Call

☐ Chest pain ☐ Delirium ☐ Influenza symptoms ☐ Query fracture ☐ Other: \_\_\_\_\_

☐ Abdominal pain ☐ Confusion ☐ Diabetes ☐ Lab values (critical) ☐ Shortness of breath

☐ Agitation ☐ Cough ☐ Fall with injury ☐ Medication error ☐ Skin problem

☐ Cardiac ☐ COVID symptoms ☐ Fever ☐ Pain management ☐ Urinary concern

☐ Change in LOC ☐ Death (unnatural) ☐ Gastrointestinal concern ☐ Palliative orders

BACKGROUND

Relevant Medical History / Usual Functional Status

Allergies

MOST: M \_\_\_\_ or C \_\_\_\_

ASSESSMENT

BP

SpO2

RR

Temp

HR

BG

☐ Room Air ☐ Oxygen @ \_\_\_\_ L/min

Pain

If Available/Relevant

INR

eGFR

Assessment

RECOMMEND

Nursing Recommendations

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

FOLLOW-UP

Nurse / Designate: FAX COMPLETED SBAR & additional documentation to:

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: \_\_\_\_\_

\* fax numbers located on next/second page

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

PHYSICIAN	FAX	PHYSICIAN	FAX	PHYSICIAN	FAX
<b>Bekker, Ian</b>	778.401.0430	<b>Grimwood, Russ</b>	250.598.2429	<b>Roh, Christine</b>	778.401.0477
<b>Brook, David</b>	778.401.0518	<b>Houghton, Peter</b>	778.405.4623	<b>Saunders, Robin</b>	778.400.8981
<b>Chew, Gilbert</b>	778.698.1898	<b>Manville, Margaret</b>	778.747.2721	<b>Stansfield, Zachary</b>	778.401.0438
<b>Clinton-Baker, David</b>	778.401.0540	<b>McFadyen, Roderick</b>	778.401.0501	<b>Syyong, Harley</b>	778.401.0475
<b>Darcel, Keith</b>	250.483.1929	<b>McKeen, Katharine</b>	778.265.0603	<b>Tsai, Jimmy</b>	778.400.5723
<b>Edora, Fil</b>	250.727.9936	<b>Mordasiewicz, Merunka</b>	236.475.8540	<b>Vaughan, Matthew</b>	250.590.7726
<b>Egan, Frank</b>	250.592.8182	<b>Neweduk, Peter</b>	778.401.0464	<b>Vaughan, Michael</b>	250.385.8153
<b>Forster, George</b>	844.961.3430	<b>Oosthuizen, Francois</b>	778.401.0436	<b>Woodburn, Layne</b>	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 questions 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			RR	Respiration Rate

## Questions or Comments about the After-Hours SBAR?

Please contact the LTCI team at [VictoriaSouthIsland.LTCI@victoriadivision.ca](mailto:VictoriaSouthIsland.LTCI@victoriadivision.ca) or 778.265.3137