

Saanich Peninsula After-Hours SBAR

Complete this form prior to calling dispatch at 1.877.404.2011

URGENT Resident issues only for After-Hours Coverage

Contact MRP during regular hours (Mon-Fri 0800 – 1800) for other issues

PREPARE <input type="checkbox"/> Completed SBAR <input type="checkbox"/> Chart & MOST <input type="checkbox"/> MAR		Resident Name (Last, First)	
Responding Physician (Last, First)		Resident DOB (DD/MM/YYYY)	Resident PHN (10)
Nurse: <input type="checkbox"/> LPN <input type="checkbox"/> RN/RPN	Date:	MRP (Last, First)	
Care Home:	Time:	Primary Contact (Name, Phone)	
Phone:	Local:		

COMMUNICABLE DISEASE SCREENING:

<input type="checkbox"/> None <input type="checkbox"/> suspected	<input type="checkbox"/> COVID-19: <input type="checkbox"/> Influenza-like Illness: <input type="checkbox"/> Norovirus-like Illness: <input type="checkbox"/> C-difficile:	<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed	<input type="checkbox"/> Shingles: <input type="checkbox"/> ARO: <input type="checkbox"/> Other:	<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <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
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SITUATION	Reason for Call	<input type="checkbox"/> Chest pain <input type="checkbox"/> Delirium <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Confusion <input type="checkbox"/> Diabetes <input type="checkbox"/> Agitation <input type="checkbox"/> Cough <input type="checkbox"/> Fall with injury <input type="checkbox"/> Cardiac <input type="checkbox"/> COVID symptoms <input type="checkbox"/> Fever <input type="checkbox"/> Change in LOC <input type="checkbox"/> Death <input type="checkbox"/> Gastrointestinal concern	<input type="checkbox"/> Influenza symptoms <input type="checkbox"/> Query fracture <input type="checkbox"/> Lab values (critical) <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Medication error <input type="checkbox"/> Skin problem <input type="checkbox"/> Pain management <input type="checkbox"/> Symptoms of UTI <input type="checkbox"/> Palliative orders	<input type="checkbox"/> Other: _____ _____ _____
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BACKGROUND	Relevant Medical History / Usual Functional Status
	Allergies _____ <div style="text-align: right;">MOST: M ___ or C ___</div>

ASSESSMENT	BP SpO ₂ RR Temp	Assessment
	HR BG <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen @ _____ L/min	
	Pain _____	
	<i>If Available/Relevant</i>	
	INR eGFR	

RECOMMEND	Nursing Recommendations
	_____ _____

ON-CALL PHYSICIAN RESPONSE NOTES

	Please select 1 of 3 options: <input type="checkbox"/> No orders received <input type="checkbox"/> Nurse transcribed verbal orders in resident's health record <input type="checkbox"/> Physician on-call transcribed orders the resident's health record <p style="text-align: center;"><i>Most Responsible Nurse (MRN) documents summary of physician response in progress notes</i></p>
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FOLLOW-UP	Nurse / Designate: FAX COMPLETED SBAR & additional documentation to: * fax numbers located on next/second page
	1. After-Hours On-Call Physician*: <input type="checkbox"/> SBAR + <input type="checkbox"/> Additional Documentation (e.g. handwritten paper orders)
	2. Most Responsible Provider* (MRP): <input type="checkbox"/> SBAR + <input type="checkbox"/> Additional Documentation (e.g. written notes if on-call physician visited site)
→ PLACE SBAR in <u>Physician Notes</u> section of chart OR <u>unit MRP communication binder</u> : <input type="checkbox"/> Date: _____ Time: _____	

LT CI SP AFTER-HOURS CALL LINE: 1-877-404-2011

To help you feel confident & organized when communicating with the after-hours call physician, please review the following list of common reasons for call, tips & tricks to try before calling, & process reminders.

REMINDER: This call group only covers residents in long-term care (not assisted living)

BEFORE YOU CALL



Ensure you are organized, prepared, & certain the call is necessary



Ensure the SBAR is complete & all relevant info is included



Ensure you have the resident's chart, MAR, MOST, med list, & any clinical order sets needed

Palliative Care Orders

If you suspect that a resident may be nearing end of life, please make every effort to obtain palliative orders in advance (i.e. during the day), to be activated when required. If a resident's condition changes unexpectedly, or the resident is actively/imminently dying without palliative orders, call the after-hours physician for support or orders.

Prior to calling, make sure you have your care home's palliative or end-of-life order set on hand, and your completed SBAR includes information on:

- when the changes started
- any recent illnesses
- medication changes or falls
- specific new symptoms that need to be addressed (eg. pain, dyspnea, restlessness)

Urinary Concerns

Before calling regarding a urinary concern, please remember that **Choosing Wisely Canada** states that **most older people should NOT be tested (including no urine dipsticks) or treated for a UTI unless they meet the minimum criteria for a UTI (below).**

MINIMUM CRITERIA FOR UTI (MODIFIED LOEB CRITERIA)	
Non-catheterized	Acute dysuria or 2 or more of: fever, new/worsening urgency, frequency, suprapubic pain, gross hematuria, flank pain, urinary incontinence
Catheterized	Any 1 of following after alternate explanations are excluded: fever, flank pain, shaking chills, new onset delirium

Ensure a call is necessary:

- consult the [Island Health guideline on Care of the Resident with a Suspected Urinary Tract Infection in LTC](#), which outlines clinical assessment criteria and nursing interventions to treat associated symptoms, including offering sufficient fluids, toileting regularly, analgesics as needed, and other strategies
- review the [Care and Management of Patients with Urinary Catheters: Clinical Resource Guide](#)

Pain Management

If a resident is experiencing uncontrolled pain and all other PRN medications and non-pharmacological approaches have been attempted/are insufficient, call the after-hours physician.

Ensure your completed SBAR includes

- a focused pain assessment
- an assessment of relevant systems
- review the resident's chart for pertinent medical history and any relevant diagnoses
- a brief description of the pain treatment to date and its effectiveness, as well as what non-pharmacological nursing interventions have already been tried

Using the After-Hours SBAR Form When A Call Is Necessary: Complete, Call, Communicate

1 Complete

The entire After-Hours SBAR form as appropriate; if using a resident label, black out/redact all information aside from resident's name, DOB, PHN, & MRP

2 Call

The SP After-Hours Call Line at 1-877-404-2011; dispatch will either connect you directly to the physician on-call, or phone you back shortly

3 Communicate

Complete "Physician Response Notes" section of SBAR; Fax completed SBAR form to MRP & On-Call Physician; place SBAR in resident's chart

SAANICH PENINSULA On-Call Physician Fax Numbers (For Follow-Up Fax Only)

Beckett, Jennifer 778.401.0506	Brink, Rose 778.400.8705	Devine, Frank 778.400.8717	Forrester, Molly 250.656.9285	Lewis, Andrea 250.656.9285	Syyong, Harley 778-401-0475
Bourdon, Sienna 778.401.0470	Coleman, Fiona 778.401.0473	Dowler, Chris 250.656.9285	Kwasnica, Andrew 250.656.9285	Marsh, Ambrose 250.656.9285	Vaughan, Matthew 250.590.7726
Braybrook, Heather 778.401.0452	Del Bel, Nikki 778.401.0431	du Toit, Andre 250.652.0738	Laurie, Zander 778.400.8681	Pawlik, Michal 778.401.0448	Vaughan, Michael 250.385.8153