

Daytime Communication SBAR

Complete prior to contacting the Most Responsible Provider (MRP) during regular hours (Mon - Fri 0700 – 1800)

PREPARE <input type="checkbox"/> Completed SBAR <input type="checkbox"/> Chart & 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)			Residents' PHN (10)			
		D D M M Y Y Y Y						
Date:	Time:	MRP:			Phone/Fax:			
Unit:	Fax:	Primary Contact:						

COMMUNICABLE DISEASE SCREENING:							
<input type="checkbox"/> None <i>suspected</i>	<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: _____		
	<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	Additional Precautions: <input type="checkbox"/> No <input type="checkbox"/> Yes:		
	<input type="checkbox"/> Norovirus-like Illness:	<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed	<input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne		
	<input type="checkbox"/> C-difficile:	<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed					

SITUATION	Reason for Call						
BACKGROUND	Relevant Medical History / Usual Functional Status						
Allergies							MOST: M ___ or C ___
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						

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

FOLLOW-UP Nurse/Designate, please:	
<input type="checkbox"/> FAX SBAR form to MRP	<input type="checkbox"/> PLACE SBAR in the <u>MRP Notes</u> section of the residents' health record OR <u>Unit MRP Communication Binder</u>

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