

SBAR report to physician about a critical situation

S	<p>Situation I am calling about <patient name and location>. The patient's code status is <code status> The problem I am calling about is _____.</p> <p><input type="checkbox"/> I am afraid the patient is going to arrest.</p> <p>I have just assessed the patient personally:</p> <p>Vital signs are: Blood pressure ____/____, Pulse _____, Respiration_____ and temperature _____</p> <p>I am concerned about the:</p> <p><input type="checkbox"/> Blood pressure because it is <input type="checkbox"/> over 200 or <input type="checkbox"/> less than 100 <input type="checkbox"/> or 30 mmHg below usual <input type="checkbox"/> Pulse because it is <input type="checkbox"/> over 140 or <input type="checkbox"/> less than 50 <input type="checkbox"/> Respiration because it is <input type="checkbox"/> less than 5 or <input type="checkbox"/> over 40. <input type="checkbox"/> Temperature because it is <input type="checkbox"/> less than 96 or <input type="checkbox"/> over 104.</p>
B	<p>Background The patient's mental status is:</p> <p><input type="checkbox"/> Alert and oriented to person place and time. <input type="checkbox"/> Confused and <input type="checkbox"/> cooperative or <input type="checkbox"/> non-cooperative <input type="checkbox"/> Agitated or combative <input type="checkbox"/> Lethargic but conversant and able to swallow <input type="checkbox"/> Stuporous and not talking clearly and possibly not able to swallow <input type="checkbox"/> Comatose. Eyes closed. Not responding to stimulation.</p> <p>The skin is:</p> <p><input type="checkbox"/> Warm and dry <input type="checkbox"/> Pale <input type="checkbox"/> Mottled <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Extremities are cold <input type="checkbox"/> Extremities are warm</p> <p>The patient <input type="checkbox"/> is not or <input type="checkbox"/> is on oxygen.</p> <p><input type="checkbox"/> The patient has been on _____ (l/min) or (%) oxygen for _____ minutes (hours) <input type="checkbox"/> The oximeter is reading _____% <input type="checkbox"/> The oximeter does not detect a good pulse and is giving erratic readings.</p>
A	<p>Assessment</p> <p><input type="checkbox"/> This is what I think the problem is: <say what you think is the problem> <input type="checkbox"/> The problem seems to be <input type="checkbox"/> cardiac <input type="checkbox"/> infection <input type="checkbox"/> neurologic <input type="checkbox"/> respiratory <input type="checkbox"/> _____ <input type="checkbox"/> I am not sure what the problem is but the patient is deteriorating. <input type="checkbox"/> The patient seems to be unstable and may get worse, we need to do something.</p>
R	<p>Recommendation I <input type="checkbox"/> suggest or <input type="checkbox"/> request that you <say what you would like to see done>.</p> <p><input type="checkbox"/> transfer the patient to critical care <input type="checkbox"/> come to see the patient at this time. <input type="checkbox"/> Talk to the patient or family about code status. <input type="checkbox"/> Ask the on-call family practice resident to see the patient now. <input type="checkbox"/> Ask for a consultant to see the patient now.</p> <p>Are any tests needed:</p> <p><input type="checkbox"/> Do you need any tests like <input type="checkbox"/> CXR, <input type="checkbox"/> ABG, <input type="checkbox"/> EKG, <input type="checkbox"/> CBC, or <input type="checkbox"/> BMP? <input type="checkbox"/> Others?</p> <p>If a change in treatment is ordered then ask:</p> <p><input type="checkbox"/> How often do you want vital signs? <input type="checkbox"/> How long to you expect this problem will last? <input type="checkbox"/> If the patient does not get better when would you want us to call again?</p>