OPTIMISTIC SBAR Tool

Situation: This form will guide communication with the on-call provider.

Resident Name ______________________________________ Age _______ Nurse ____________________
Date ______________ Symptom/Condition Change: ____________________________________________

Background: Be sure to have the chart ready

Associated medical conditions include (check all that apply):
☐ CHF
☐ chronic pressure ulcer
☐ diabetes
☐ CAD or hx of MI
☐ COPD/asthma
☐ Dementia
☐ Hospitalized within past 30 days
☐ Surgery within past 30 days
☐ Other___________

☐ Full Code  ☐ DNR  ☐ Do not hospitalize  POST: Y/N:

POST Section B:
☐ Comfort Measures
☐ Limited Intervention
☐ Full Intervention

POST Section C:
☐ Use antibiotics only if comfort cannot be achieved fully through other means
☐ Use antibiotics consistent with treatment goals

POST Section D:
☐ No artificial nutrition
☐ Defined trial of artificial nutrition
☐ Long term artificial nutrition

If no POST, describe the patient’s/ family’s preferences for treatment if known:
____________________________________________________

Assessment: You do not have to complete every section

<table>
<thead>
<tr>
<th>Temp</th>
<th>Pulse</th>
<th>Resp. Rate</th>
<th>O2 Sats</th>
<th>B/P</th>
<th>Blood Sugar</th>
<th>Weight/Change?</th>
<th>Most recent BM</th>
</tr>
</thead>
<tbody>
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Focused physical assessment findings (refer to back for guidance on focused physical exam):

Symptom-Based Exam Guide

If presenting this symptom:  Do this assessment:
Abdominal pain or Nausea/ Vomiting/ Diarrhea/ Constipation  Abdominal/Genital/Urinary
Chest pain  Lungs/ Heart
Cough or Shortness of breath  Lungs/ Heart
Altered mental status  Full Exam
Fever  Full Exam
Rash/ Itching  Skin
Facial droop/ arm or leg weakness, or headache/ blurry vision  Neurological
Leg swelling  Lungs/ Heart/ Skin
Hematuria or vaginal discharge  Genital/Urinary
Fall  Neurological/ Skin
Muscle or Joint Pain  Musculoskeletal

Mental Status/Mood/Behavior:
☐ not pertinent  ☐ non responsive  ☐ personality change  ☐ hallucinations (worse or new)
☐ depressed  ☐ withdrawn  ☐ restless  ☐ increased confusion
☐ agitated  ☐ increased aggression (verbal or physical)

Neuro:
☐ not pertinent  ☐ weaker on RUE/RLE/LUE/LLE (circle)  ☐ leaning to right/left side
☐ speech irregularity  ☐ facial asymmetry  ☐ decreased sensation  ☐ tingling
☐ abnormal gait  ☐ dizzy  ☐ numbness
Head/Eyes/Ears/Mouth/Throat:

- not pertinent
- pupils unequal
- pupils non-reactive
- mouth lesion
- jaundiced eyes
- headache
- difficulty swallowing
- ringing in ears
- pupils non-reactive
- mouth lesion

Lungs:

- not pertinent
- abnormal lung sounds
- painful deep breaths
- orthopnea
- dyspnea on exertion
- cough (productive, non-productive)
- labored
- shallow
- short of breath

Heart/Pulses:

- not pertinent
- irregular pulse
- edema
- abnormal heart sound
- orthostatic
- weak pulse
- chest pain

Abdominal:

- not pertinent
- tender
- distended
- hypoactive bowel sounds
- new incontinence
- change in stool color
- constipation
- hyperactive bowel sounds
- nausea
- vomiting
- bloody emesis
- absent bowel sounds
- bloody stool

Skin:

- not pertinent
- jaundice
- cyanotic
- bruising
- excoriation
- itch
- blister
- wound
- laceration
- skin tear
- pain
- rash
- localized warmth
- localized swelling
- drainage

Musculoskeletal:

- not pertinent
- falls
- joint pain
- joint swelling
- general weakness

Genital/urinary:

- not pertinent
- new incontinence
- new nocturia
- increased urinary frequency
- dysuria
- hematuria
- abnormal discharge
- lesion

Pain (elaborate on previously mentioned pain or discuss new symptom):

- not pertinent
- location ________________________________
- pain scale (1-10): _____________
- pain quality is sharp/dull/constant/intermittent/other: ________________________________
- pain is relieved by __________________________
- pain is made worse by ________________________________
- any non-verbal signs of pain: ________________________________

Review and Notify

Next steps below

Decision:

- Monitor the patient here
- Send the patient to the hospital (If going to hospital, STOP here)

Orders:

<table>
<thead>
<tr>
<th>Check if yes</th>
<th>Option</th>
<th>What are the orders?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Labs</td>
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<td>Imaging</td>
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<td>EKG</td>
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<td>Vitals</td>
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<td>Medication</td>
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<td></td>
<td>6 condition trigger</td>
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</tbody>
</table>

When will PCP be contacted again? ____________________________
Responsible Party Notified? Y/N

Some content adapted from INTERACT© SBAR.

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