

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
- HTN
- CAD or hx of MI
- COPD/asthma

Allergies:

- Dementia
- Hospitalized within past 30 days
- Surgery within past 30 days
- Other _____

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

POST Section B: <input type="checkbox"/> Comfort Measures <input type="checkbox"/> Limited Intervention <input type="checkbox"/> Full Intervention	POST Section C: <input type="checkbox"/> Use antibiotics only if comfort cannot be achieved fully through other means <input type="checkbox"/> Use antibiotics consistent with treatment goals	POST Section D: <input type="checkbox"/> No artificial nutrition <input type="checkbox"/> Defined trial of artificial nutrition <input type="checkbox"/> 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

Temp	Pulse	Resp. Rate	O2 Sats	B/P	Blood Sugar	Weight/Change?	Most recent BM

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- withdrawn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
- numbness
- abnormal gait
- dizzy

Head/Eyes/Ears/Mouth/Throat:

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

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 OR Send the patient to the hospital (*If going to hospital, STOP here*)

Orders:

Check if yes	Option	What are the orders?
	Labs	
	Imaging	
	EKG	
	Vitals	
	Medication	
	6 condition trigger	

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

Some content adapted from INTERACT® SBAR.