

SBAR for Nursing Homes

Residents Name:		Name and role of person completing this form :				
Known as:						
DOB:		NHS no:		Date & time of call:		
Nursing/care Home name:		GP & Surgery details:		Next of kin details:		
Postcode:						
Telephone number:						
Has the patient consented to share information: Yes / No			If no, is the patient able to consent:		Yes / No	
S	SITUATION					
	The reason I am calling is:					
B	BACKGROUND					
	How did the symptoms start?			Medication:		
	When did the symptoms start?			MAR CHART Yes / No		
Relevant Medical History:			Taken? Refused?			
			Allergies / Sensitivities:			
			Patient / Family care preferences:			
ACP: Yes / No		DNACPR: Yes / No		ADRT: Yes / No		
A	ASSESSMENT					
	BP	Pulse	Resps	Temp	BM	O2 Sats
	On Oxygen: Yes / No		If Yes: %	Conscious level: Alert: Y / N		Verbal Y / N
				Pain Stimuli: Y / N		
	Skin: Cold to touch Clammy Pale Warm			Skin Condition: Intact Pressure sores Leg Ulcers Wounds		
	Waterlow Score: Must Score:		Nutrition: Diet & Fluids Poor Intake Refusing			
	Mobility: Walking Bed Bound Chair Bound					
	New Onset: Yes / No					
	Nausea: Yes / No		Vomiting: Yes / No		Diarrhoea: Yes / No Constipation: Yes / No	
	Catheter in situ: Yes / No		Reason:		Has urine been passed in the last 4hrs: Yes / No	
Suprapubic Urethral Blocked						
Behaviour: Agitation		New onset: Yes / No		Anxious New onset Yes / No Confusion New onset Yes / No		
I think the problem is:						
R	RECOMMENDATION					
	I would like the resident seen: Yes / No					
	If yes within 30 min: Yes / No Within 4 hours: Yes / No Over 4 hours: Yes / No					
	Circle preference:					
	Discuss with OneCall:		Admission Avoidance Matron:		OOH GP:	
	GP:	GP in A/E:	RAC:	Community Geriatrician:		
	Ambulance/999: GP advised 999: Y / N	Paramedic Practitioner:	Time of arrival Ambulance:	Time of PP arrival:		
Signature of nursing / care home representative:			Date	Time:		
Signature of person to whom information is being passed on:			Date	Time:		

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Guidance Notes for SBAR form

The form has been designed to be completed prior to calling an ambulance to ensure a full assessment of the patient's condition has taken place and these details can then be provided to Ambulance crews. This will ensure the best care is provided to the resident.

Residents name: The details of the resident concerned and where you are calling from
Name of healthcare professional completing this form name of nurse/ Carer completing in capitals and their signature.

Situation

Explain the reason briefly.

Background

This box needs to be about the current situation. How did it start, when did it start. Relevant medical history (COPD, Asthma, Heart failure, MI etc)

All medication and if MAR chart is available. Has medication been taken today, include known allergies.

ACP – does the patient have an Advanced Care Plan?

DNACPR – do they have one in place?

ADRT – Advance Decision To Refuse Treatment (new living will) – do they have one in place?

Assessment

The current condition of the resident/patient. This is to include a recent set of observations. All fields to be completed either by tick or circle. The last question is asking if you know what the problem is or if you are concerned and need further discussion with a healthcare professional.

For Ambulance crews, the Waterlow score (or Waterlow scale) gives an estimated risk for the development of a pressure sore. Scores as follows- 10 + (at risk) 15 + (high risk) 20 + (very high risk).

MUST score is Malnutrition Universal Screening Tool- for nutritional assessment. Scores as follows- 0 (low risk), 1(medium risk), 2 (high risk)

Recommendation

You can request a timeframe for resident to be seen. The rest of the options in this box are the choices available to assist the resident at this time. The choice offered will be the decision of One Call or Ambulance.

RAC - Rapid Access Clinic- (rapid access to a Consultant Geriatrician Appointment)

Signatures and dates must be completed to verify exchange and receipt of information

South East Coast Ambulance, West Sussex Partners in Care, Sussex Community Trust and Coastal West Sussex Clinical Governance Group have developed this form to improve communication between nursing home staff and Paramedics when residents need additional healthcare support. The aim is to ensure residents receive the most appropriate care from the services available locally.