Providence HEALTH CARE

YOUVILLE ADULT DAY PROGRAM
SBAR COMMUNICATION WORKSHEET

***BEFORE COMMUNICATION**: Evaluate person and complete **SBAR** sections below. Review person's file for relevant progress notes, DNAR, allergies, medication information and have this info available when reporting.*

Person notified: (name) _____ Role: _____

Date & Time of communication: _____ _____

SITUATION

The change in condition, symptoms, or signs I want to inform you about is/are: _____

_____ This started (date) _____ (time) _____

Since this time, it has gotten ☐ Worse ☐ Better ☐ Stayed the same

This condition, sign or symptoms has occurred before: ☐ Yes ☐ No

Treatment for last episode (if applicable): _____

BACKGROUND

The person is at Youville ADP for: ☐ Caregiver respite ☐ Social engagement ☐ Other: _____

Primary diagnoses: _____

Other pertinent history: _____

Medication alerts:

☐ Medications changes I am aware of (describe) _____

Currently taking: ☐ Anticoagulant (Last INR ☐ Unknown ☐ Result: _____) ☐ Digoxin

☐ Antipsychotic ☐ Anti-anxiety ☐ Antidepressant ☐ Oral hypoglycemic ☐ Insulin

Allergies: (Refer to Caution sheet) _____

Pharmacy name: _____ Phone #: _____ Fax #: _____

Vital Signs: BP: _____/_____ P: _____ R: _____ T: _____ Weight: _____ kg

Pulse oximetry: _____% on ☐ Room Air or ☐ O_2L/min _____ Blood glucose: _____

Advance Care Planning Information:

☐ Attempt resuscitation (CPR) ☐ DNAR order ☐ Advanced care plan: _____

ASSESSMENT

The person appears (e.g. SOB, in pain, more confused etc.) _____

_____

Summarize your assessment: _____

_____

_____

RECOMMENDATIONS

☐ Monitor vital signs and observe ☐ Call Family to pick up/receive at home ☐ Family take person to GP

☐ Transfer to hospital non-emergency ☐ Call 911

☐ Other: _____

_____

_____

_____

_____

Name: _____ Designation: _____

Contact information: _____

This form is NOT part of the patient permanent record. Shred this sheet after use.