Providence HEALTH CARE

SBAR
SUICIDE RISK (LONG TERM CARE)

Physician/NP paged: _____

Caller: _____ Time: _____

S **Situation**	**I am calling about:** (resident's name and location) _____ **I have assessed the resident and I am concerned about suicide risk because:** _____ _____
B **Background** .	Have access to patient's chart on Cerner when you make the call to physician/NP **MRP/NP:** _____ **Move in Date:** _____ **Date of Birth:** _____ **Risk Factors (list):** _____ _____ **Current medications:** _____ _____
A **Assessment**	**What is your assessment of the situation?** The resident is ☐ High, ☐ Moderate or ☐ Low Risk Expressed suicide ideation ☐ Yes ☐ No Has strong intent to act on suicidal ideation ☐ Yes ☐ No Has a plan ☐ Yes ☐ No Has the ability to access means to complete plan ☐ Yes ☐ No Protective Factors (list) _____ Safety interventions currently in place (list) _____
R **Recommendation**	What do you need from the physician, NP or Mental Health Clinician? 1. I recommend _____ e.g. refer to psychiatry/geri-psychiatry, transfer to mental health services, come to assess the resident (now, today, tomorrow) 2. Consider asking • When will you see the resident? • What ongoing monitoring is needed? • What other interventions are needed? e.g. medication, 1:1 supervision until assessed by physician/NP/Mental Health Services, other safety interventions • If you are not coming to see the resident, when should I call you again? *If you are taking a verbal/telephone order, ensure the order is immediately transcribed into the patient's health record along with the prescriber's name.* ***Before you end the call, ensure all information is fully documented in the chart, including signing the order, AND repeat all orders back to the prescriber.*** ***If resident is "high risk" and being transferred to ED,*** *confirm who is responsible for contacting ED and who will be informing the resident/SDM/family/caregiver*

Please remember that this document is meant solely as an aid for successful communication. If you are comfortable that you have all the information you need, you do not need to use this worksheet. If you do use the worksheet, only fill in the blanks you need. When you have completed your call, and documented the relevant facts in patient's health record, this sheet can be shredded.