

TELEMEDICINE SBAR

Skilled Nursing Facility

SITUATION

Patient Name _____ Room _____ Age _____ Sex _____
Admitting Physician _____ Phone _____
Admitted from _____ Date _____
Change in condition (problem / symptom) _____ Started _____

BACKGROUND

Diagnosis _____ Admission Diagnosis _____
Surgery (if applicable) _____ Date _____
Current Medications _____
Allergies _____ Mental Status _____ (confusion, lethargy)
Pertinent past medical history: _____

COPD / CHF / DIABETES / HYPERTENSION / ALZHEIMER'S

ASSESSMENT

Blood Pressure ____/____ Weight ____ Temp ____ SP O² ____% Pulse ____ Rate ____ Rhythm ____
Changes in condition _____
GI /GU Changes _____ (nausea, vomiting, diarrhea, impaction, distension, urinary output)
Procedures done in the last 24 hours _____ Labs _____
Abnormal Assessments: _____
Current Pain Score _____ Safety needs (fall risk /skin risk, etc) _____
Code Status: _____ (advance directives, DNR, POA for health care)

RECOMMENDATION

Changes in the plan of care (diet, activity, medication, specialist consult, re-admission, Etc.)

Discharge Planning _____
Orders Labs / X-Rays, etc _____
Orders Medication _____
Orders IV or SC Fluids _____
What the next shift needs to be aware of _____
Recommended date of next Physician Consultation _____ By _____

Telemedicine Consulting Physician _____
On Site (SNF) _____ Nurse _____ Shift _____
Date _____ Time _____ Patient ID # _____