

SBAR: Palliative Reporting

BEFORE Giving Report:

1. Assess the patient
2. Review the chart for the appropriate physician or care provider to call
3. Know the primary diagnosis.
4. Read the most recent Progress Notes and the assessment from the nurse of the prior shift or visit.

Have available when speaking with the physician or care provider: **Chart, Allergies, Meds, Labs / Results**

S	<p>SITUATION</p> <p>State your name and agency</p> <p>I am calling about: (Patient Name & Facility)</p> <p>The problem I am calling about is:</p>																																												
B	<p>BACKGROUND</p> <p>State the pertinent medical history/ any recent trauma</p> <p>A Brief Synopsis of the treatment to date and effectiveness</p>																																												
A	<p>ASSESSMENT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">ESAS (enter scores):</td> <td style="width: 15%;">_____ Pain</td> <td style="width: 15%;">_____ Depression</td> <td style="width: 15%;">_____ Nausea</td> </tr> <tr> <td></td> <td>_____ Anxiety</td> <td>_____ Drowsiness</td> <td>_____ Tiredness</td> </tr> <tr> <td></td> <td>_____ Appetite</td> <td>_____ Well Being</td> <td>_____ SOB/ Dyspnea</td> </tr> <tr> <td>PPS</td> <td>_____ %</td> <td colspan="2">Change in Status?</td> </tr> <tr> <td>Physical</td> <td colspan="3"></td> </tr> <tr> <td>Psychological</td> <td colspan="3"></td> </tr> <tr> <td>Social</td> <td colspan="3"></td> </tr> <tr> <td>Spiritual</td> <td colspan="3"></td> </tr> <tr> <td>Practical</td> <td colspan="3"></td> </tr> <tr> <td>End of Life Care Management</td> <td colspan="3"></td> </tr> <tr> <td>Grief/ Loss Issues</td> <td colspan="3"></td> </tr> </table> <p>Any changes from prior assessments:</p>	ESAS (enter scores):	_____ Pain	_____ Depression	_____ Nausea		_____ Anxiety	_____ Drowsiness	_____ Tiredness		_____ Appetite	_____ Well Being	_____ SOB/ Dyspnea	PPS	_____ %	Change in Status?		Physical				Psychological				Social				Spiritual				Practical				End of Life Care Management				Grief/ Loss Issues			
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R	<p>RECOMMENDATION</p> <p>Do you think we should: (State what you would like to see done)</p> <p><input type="checkbox"/> Order an analgesic? (NB: match the severity of the pain with the analgesic order)</p> <p><input type="checkbox"/> Order another medication for symptom management? (Refer to Clinical Guidelines)</p> <p><input type="checkbox"/> Come to see the patient at this time?</p> <p><input type="checkbox"/> Make a referral to another member of the team? Physio? OT? Spiritual Care? PPSM Team?</p> <p><input type="checkbox"/> Order diagnostic tests?</p> <p><input type="checkbox"/> Other _____</p> <p>Are any tests needed?</p> <p><input type="checkbox"/> Do you need any tests? <input type="checkbox"/> XRAY <input type="checkbox"/> Bloodwork? <input type="checkbox"/> Other?</p> <p>If a change in treatment is ordered, then ask:</p> <p><input type="checkbox"/> If the patient does not improve, when would you want us to call again?</p> <p><input type="checkbox"/> Will your on-call team be available for us should we need a physician off hours?</p>																																												

Document the change in condition & the MD notification