

Suspected LRI SBAR

Complete this form before contacting the resident's physician.

Date/Time _____

Nursing Home Name _____

Resident Name _____ Date of Birth _____

Physician/NP/PA _____ Phone _____

Fax _____

Nurse _____ Facility Phone _____

Submitted by Phone Fax In Person Other _____

S Situation

I am contacting you about a suspected lower respiratory tract infection for the above resident.

Vital Signs BP _____ / _____ HR _____ Resp. rate _____

Temp. _____ O2 Sat _____

B Background

- No Yes The resident has COPD
 - No Yes The resident has diabetes
 - No Yes The resident is a current smoker
 - No Yes The resident is a former smoker
 - No Yes Resident uses nebulizer/inhaler
 - No Yes Other active diagnoses (especially, chronic lung disease, chronic bronchitis, emphysema)
Specify: _____
 - No Yes Advance directives for limiting treatment related to antibiotics and/or hospitalizations
Specify: _____
 - No Yes Medication Allergies
Specify: _____
 - No Yes The resident is on Warfarin (Coumadin®)
- No Yes The resident is on supplemental O2
 - No Yes O2 requirements have increased specify O2 amount: _____
 - No Yes Resident reports chest pain or difficulty breathing

Nursing Home Name _____ Facility Fax _____

Resident Name _____

A Assessment Input (check all boxes that apply)

Criteria are met if one of the four situations are met

Resident with a fever of 102°F (38.9°C) or higher and one of the following

No Yes

- Respiratory rate of >25 breaths per minute
- New or worsened cough
- New or increased sputum production
- O2 saturation <94% on room air or a reduction in O2 saturation of >3% from baseline

Resident with a fever of 100°F (37.9°C) and less than 102°F (38.9°C)

No Yes

- Cough and at least one of the following
 - Pulse >100
 - Delirium (sudden onset of confusion, disorientation, dramatic change in mental status)
 - Rigors (shaking chills)
- Respiratory rate >25 breaths per minute

Afebrile resident with COPD and age >65

No Yes

- New or increased cough with purulent sputum production

Afebrile resident without COPD and age >65

- New or increased cough with purulent sputum production **and** at least one of the following
 - Respiratory rate >25
 - Delirium (sudden onset of confusion, disorientation, dramatic change in mental status)

Nurses: Please check box to indicate whether or not criteria are met

- Nursing home protocol criteria are met.** The resident may have a lower respiratory tract infection and need a prescription for an antibiotic agent.†
- Nursing home protocol criteria are NOT met.** The resident does NOT need an immediate prescription for an antibiotic, but may need additional observation.††

R – Request for Physician/NP/PA Orders

Orders were provided by clinician through Phone Fax In Person Other _____

Chest X-Ray

For cough, consider using a cough suppressant Dose _____ Route _____ Duration _____

For cough, consider using an inhaler/nebulizer Dose _____ Duration _____

Acetaminophen _____ mg. Route _____ Duration _____

Raise upper body (use multiple pillows) to sleep/rest

Encourage _____ ounces of fluid by mouth or G-Tube for _____ hours

Record fluid intake

Encourage salt water gargles

Assess vital signs, including temp, every _____ hours for _____ hours

Notify Physician/NP/PA if symptoms worsen or if unresolved in _____ hours

Initiate intravenous fluid hydration and/or initiate hypodermoclysis.

Initiate the following antibiotic(s)

Antibiotic 1 _____ Dose _____ Route _____ Duration _____

Antibiotic 2 _____ Dose _____ Route _____ Duration _____

No Yes Pharmacist to adjust for renal function

Other, specify: _____

Physician/NP/PA signature _____ Date/Time _____

Telephone order received by _____ Date/Time _____

Family/POA notified (name) _____ Date/Time _____

† This is according to our understanding of best practices and our facility protocols.

†† This is according to our understanding of best practices and our facility protocols. The information is insufficient to indicate an active lower respiratory tract infection.