

# SBAR Communication for Possible Sepsis

## SITUATION

My name is: \_\_\_\_\_

I'm calling from (facility): \_\_\_\_\_

Name of Physician/Prescriber contacted: \_\_\_\_\_

I need to speak with you about resident (name): \_\_\_\_\_

Resident Age: \_\_\_\_\_

## BACKGROUND

The resident was admitted on \_\_\_\_\_ (date) with the diagnosis of: \_\_\_\_\_

The resident also has the following co-morbid conditions/diagnoses: \_\_\_\_\_

The resident is now showing these signs of possible infection: \_\_\_\_\_

*(describe the signs and potential source of infection)*

This started on \_\_\_\_\_ (date)

The resident is currently on, or recently completed PO or IV Antibiotics:

- Antibiotic Name, Dose, Route: \_\_\_\_\_
- Antibiotic Name, Dose, Route: \_\_\_\_\_

The resident is allergic to: \_\_\_\_\_

The resident's advance care directive is \_\_\_\_\_

## ASSESSMENT (describe key findings)

My assessment of the situation is that the resident may be experiencing a new or worsening infection. Here are my findings.

Vital Signs		
Temp:	Heart Rate:	BP:
Respiratory Rate:	SpO2 %(Pulse Ox):	
Current Weight:		
Other Factors		
Blood Sugar:	Foley (Y/N):	Last BM Date:
Current Labs/Recent Cultures:		

Mental status is *(changed OR unchanged)* from baseline: \_\_\_\_\_

Possible sources of infection: \_\_\_\_\_

*(e.g., lung sounds, wound assessment, urine characteristics, other)*

## RECOMMENDATION (REVIEW AND NOTIFY)

I am concerned that this resident may have sepsis.

Would you like to order any labs, IV fluids or treatments? \_\_\_\_\_

How often should vital signs be performed? \_\_\_\_\_

What vital signs parameters would initiate an immediate notification to you? \_\_\_\_\_

If no improvement, when would you want us to call you again? \_\_\_\_\_

Additional Orders received: \_\_\_\_\_

### Before Calling the Prescriber

*Evaluate the resident and complete this form.*

- ✓ Check vital signs; be alert for early sepsis warning signs.
- ✓ Review the resident record: recent hospitalizations, lab values, medications and progress notes.
- ✓ Note any allergies.
- ✓ Be aware of the resident's advance care wishes.

### Sepsis Early Warning Signs

Temperature  $\geq 100$  F or  $\leq 96.8$  F

Heart rate  $\geq 100$  bpm

Respiratory rate  $\geq 20$  bpm

White blood cell (WBC) count  $\geq 12,000$   $\mu\text{L}^{-1}$  or  $\leq 4,000$   $\mu\text{L}^{-1}$

Altered mental status

SpO2 (Pulse Ox)  $\leq 90\%$

Decreased urine output  
From recently drawn labs  
(within 24 hours)

Creatinine  $> 2$  mg/dl Bilirubin  $> 2$  mg/dl

Platelet count  $\leq 100,000$   $\mu\text{L}$

Lactate  $\geq 2$  mmol/L

Coagulopathy INR  $\geq 1.5$  or  
aPTT  $> 60$  secs