

PALLIATIVE and END of LIFE CARE Multidisciplinary SBAR Communication Tool

Patient Information

Name (*last, first*) _____
 Date of Birth (*dd/mmm/yyyy*) _____ PHN _____
 MRN _____ Account / Visit # _____

Directions: Complete the Palliative SBAR with brief bullets, providing enough information to communicate the context, clinical needs and main concerns for the individual and / or family. See back of page 1 for further information.

Situation

Background

Assessment

Recommendations

Date (dd/mmm/yyyy)	Time (24 hour)	Printed Name	Signature	Initials	Designation / College ID #

Outcomes: Actions and Follow-up (be specific, e.g., who does what by when; MRP; MRC)

Comments:

Date (dd/mmm/yyyy)	Time (24 hour)	Printed Name	Signature	Initials	Designation / College ID #

Guidelines for Communicating Palliative Needs

Population: Any individual and family members living with advancing life limiting illness (malignant or non-malignant) who present with current palliative needs, symptom burden and/or distress. Individuals may be located in any sector of care.

Purpose: A worksheet to Communicate focused concerns about an individual/family with palliative symptom management concerns, transitional needs, or distress that requires inter-professional attention. The Palliative SBAR can be used to present in Whole Community Palliative Rounds (WCPR), clinical huddles, communicate succinctly with MRPs to obtain relevant orders for care, or for handovers of individuals who are being transferred across the settings to ensure better continuity of care. Inclusion in the chart is optional.

Most Responsible Practitioner (MRP): Family Physician, Nurse Practitioner or Medical Specialist

Most Responsible Clinician (MRC): Nurse, Social Worker, or any Allied Health member

Instructions: Complete the SBAR with brief bullets, providing enough salient information to correctly communicate the context and summary of existing palliative needs that require rapid clinical attention. Examples of the types of information that may be communicated are identified in each category of the SBAR below:

<p>Situation</p>	<ul style="list-style-type: none"> Name, Age, Location (home, LTC, hospital, Community Hospice Bed) Diagnosis, Current PPS (Palliative Performance Scale) (include rate of decline if known) Positive or negative delirium screen CAM-PRISME (Confusion Assessment Method with PRISME) as relevant; Current Problem, presenting symptom(s), including ESASr (Edmonton Symptom Assessment System, revised) Scores for each symptom of concern (e.g., Pain 8/10; Dyspnea 6/10; Fatigue 4/10; Anxiety 8/10)
<p>Background</p>	<ul style="list-style-type: none"> Succinct description of medical history (other conditions, current treatments or related factors); Known Goals of Care, MOST, Chosen location of death (if known); Known /relevant health team members /services; this includes both relevant internal & external care partners (e.g. hospice, BC Emergency Health Services (Paramedics), First Nation Health Authority (FNHA) nurses, contracted facility staff) Current medications, any known allergies
<p>Assessment</p>	<p>Further assessment of presenting symptom using the Symptom Assessment O to V Tool:</p> <ul style="list-style-type: none"> O – Onset P – Provoking /Precipitating factors Q – Quality R – Region /Radiating S – Severity (ESASr score for each symptom) T – Treatment/timing U – Understanding (what does the person think is happening) V – Values/ Goals for symptom management (includes trade-offs) <p>Further clinical decision supports are described in the IH Palliative Symptom Assessment Clinical Care Standard.</p>
<p>Recommendations</p>	<p>Requests:</p> <ul style="list-style-type: none"> “I am asking for... new / revised / different orders to address these... XYZ symptoms” Example: “He has had 6 break-through doses in the past 24 hours, can we please evaluate and titrate the regular dosing to give him better pain relieve?” <p>Recommendations:</p> <ul style="list-style-type: none"> “I wondered if we could try....” Examples: <ul style="list-style-type: none"> “Would low-dose Haldol be a possible solution to relieve his nausea?” “May we try an anti-depressant such as Citalopram to address her depression?”

If contacting a Palliative Clinical Nurse Specialist (CNS):

Email: PalliativeCNS@interiorhealth.ca (for a response within 24 hours Monday to Friday)

To contact a CNS directly Monday to Friday 0800 - 1600, call 1-250-354-2883 or 1-250-212-7807.

For support After Hours, Statutory Holidays and Weekends call the IH Palliative Care Nurse Support Line at 1-844-851-4192