

SBAR Communication Tool: Aide Memoire

Call 999 IMMEDIATELY for:

- Chest Pain
- FAST (Stroke)
- Loss of Consciousness

The Hertfordshire SBAR tool can be utilised to support your service and staff to assess a situation and contact the right health service.

Is this situation **life threatening** – could you call the ECP, 111 or GP do you need to phone 999?

BE CLEAR WHAT YOU NEED THIS CAN SAVE TIME AND HAVE A BETTER OUTCOME FOR RESIDENTS

 SITUATION Your name and Care home/ provider name Name of patient, age, DOB What is the concern, what has happened? Describe symptoms which are different than normal. Does the patient have capacity to tell you what is wrong? 	 Examples of symptoms you might describe: Falls – are there injuries? Confused, disorientated, dizzy, unsteady Drowsy or hard to rouse Hot / flushed /sweating. Cold / clammy / shivering / pale Breathing harder or faster, slower or shallower
 BACKGROUND How long have symptoms been present? Did they come on suddenly? Does the person have any other long term illness? Have they already been seen by the GP for this change? If so, were any medications started? What instructions were given to the home? Have you got a list of their current medication? Has the patient recently been into hospital? If so what for? Does the patient have a current DNAR in place? If yes be clear why you are ringing. 	 Complaining of pain, grimacing, posture indicating pain if unable to communicate - describe where pain is Weakness in legs or arms / facial differences Coughing / bringing up phlegm / wheezing Vomiting / nausea - how long for Change in urinary continence / Smelly urine, blocked or problem with catheter Change in bowel habit /Diarrhoea Not eating or drinking / loss of appetite Bleeding from what area?
 ASSESSMENT What actions have you already taken? Is the patient in a safe place? Has the person lost consciousness? Be very clear is it a true loss of consciousness? If yes how long for in minutes. Are there any obvious signs of injury or bleeding? 	 Examples of assessment actions you might describe: First aid options used /Recovery position Pressure on bleeding area BP, Pulse, respiration rate, temperature, urine analysis - give results
 RECOMMENDATION Explain what you need - be specific about the request and time-frame Make suggestions i.e. ECP or Dr or advice only Clarify expectations Note: an ambulance can take from 9 - 60 minutes depending on urgency 	 Examples of recommendations you might describe: Review by GP urgently Ambulance Call back from Clinical Advisor Clarify what is happening as a result of call – when you can expect a visit or ambulance

Not every question will be relevant to every person. The checklist will help with describing symptoms, (not exhaustive) Remember to document the outcome in the records. Write some answers down before you ring so you don't forget and can give relevant information.



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If an ambulance is sent, these are suggestions of what do whilst waiting for the ambulance to arrive:

Reassure the resident and stay with them, continue to monitor for signs of deterioration which may mean a further call to the service.

Ask another staff member to follow the check list:

- Do you need an escort?
- Do you need to ask senior management to attend the home?

In no particular order:

- 1. Inform relatives
- 2. Photocopy medication charts and bag all medication. Is there any in the fridge, bedroom or cupboards?
- 3. Photocopy main care plan details or grab sheet making sure the details are up to date. Especially where you have allergies or special instructions around other medical conditions. Include copy of DNAR form. Is there any special information which may help staff to communicate or deliver care for the resident, (i.e. strategies to adopt when the patient is anxious especially with dementia residents)? Are there any triggers which are not recorded?
- 4. Prepare an overnight bag for the resident. Remember to take items that may offer reassurance. Maintaining the residents' dignity is paramount so having their own belongings may help