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| [Facility Logo] | Resident Label |

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| **S** | **Situation**I am concerned about a suspected lower respiratory tract infection (pneumonia/bronchitis) for the above patient. |
| **B** | **Background**History of COPD [ ]  Yes [ ]  No Use of supplemental O2 [ ]  Yes [ ]  No History of heart failure [ ]  Yes [ ]  No O2 requirement has increased [ ]  Yes [ ]  NoHistory of LRTI in last 6 months [ ]  Yes [ ]  No if yes, Date: Treatment: Active chronic diagnosis (especially chronic lung, heart, or renal diseases, malignancies, asplenia, immunosuppression, diabetes): Advance directives for limiting treatment (especially antibiotic use): Medication allergies:   |
| **A** | **Assessment**Vital signs: BP / HR Resp. rate Temp. O2 Sats. ..

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| **Residents with fever ≥102°F (38.9°C)**Criteria are met to initiate antibiotics if ONE of the following are selected:No Yes[ ]  [ ]  New or increased cough[ ]  [ ]  New or increased sputum production[ ]  [ ]  Respiratory rate ≥25 breaths/minute[ ]  [ ]  O2 sat <94% on room air or >3% decrease from baseline O2 sat[ ]  [ ]  New or changed lung exam abnormalities[ ]  [ ]  Pleuritic chest pain | **Residents with fever ≥100°F (37.9°C) but <102°F (38.9°C) or ≥2.4°F (1.5°C) above baseline temperature**Criteria are met to start antibiotics if BOTH of the following are selected:No Yes[ ]  [ ]  New or increased cough, AND[ ]  [ ]  At least one of the following: [ ]  Pulse >100 beats / minute [ ]  New or worsened delirium  [ ]  Rigors [ ]  Respiratory rate ≥25 breaths/minute |
| **Afebrile resident with COPD and age >65 years old**Criteria are met to initiate antibiotic if BOTH of the following are selected:No Yes[ ]  [ ]  New or increased cough, AND[ ]  [ ]  Purulent sputum production | **Afebrile resident without COPD and age >65 years old**Criteria are met to initiate antibiotic if ALL of the following are selected:No Yes[ ]  [ ]  New or increased cough, AND[ ]  [ ]  Purulent sputum production, AND[ ]  [ ]  At least one of the following: [ ]  New or worsened delirium [ ]  Respiratory rate ≥25 breaths/minute |

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| **R** | **Recommendations**[ ]  **Protocol criteria met.** Resident may require a chest X-ray, CBC with differential, and/or antibiotics.[ ]  **Protocol criteria NOT met.** Resident **does not** need immediate antibiotic order but may need additional observation. |
|  | **Nurse’s Signature:** **Date:** [ ]  **Notification of Family/POA Name:** **Date/Time:** [ ]  **Faxed or** [ ]  **Called to:** **By:** **Time:**  |
| **Physician Orders/Response (Please check all that apply)**[ ]  I have reviewed the above **SBAR**. |
| [ ]  Chest X-Ray[ ]  For cough, use cough suppressant: Dose: Route: Frequency: Duration: .[ ]  For fever, use acetaminophen. Dose: Route: Frequency: Duration: .[ ]  For shortness of breath, inhale/nebulize: Dose: Route: Frequency: Duration: . [ ]  Encourage 4 oz. of fluid ( ) TID, until symptoms resolve.[ ]  Record fluid intake & output until symptoms resolve (output can also be measured from urinal or by weighing briefs, etc.).[ ]  Assess vital signs, including temp, every hours for hours; notify PCP if symptoms worsened or unresolved in hours. [ ]  Other orders: [ ]  For antibiotic orders (if needed) please complete scriptDrug: Dose: Route: Frequency: Duration: Indication:  |

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| Physician Signature | Date |

**Please Fax Back To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]  **Telephone Order**

**File Under Physician Order/Progress Notes**