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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  No  History 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. ..   |  |  | | --- | --- | | **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 | |
| **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 script  Drug: Dose: Route: Frequency: Duration: Indication: | |

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| Physician Signature | Date |

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

**File Under Physician Order/Progress Notes**