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| [Facility Logo] | Resident Label |

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| **S** | **Situation:** I am calling to follow-up on [resident’s name: ] who was started on antibiotic(s) recently. |
| **B** | **Background:** This patient was started on:  Antibiotic #1: Start date:  Antibiotic #2: Start date: For: [ ] UTI [ ] Pneumonia [ ] Bronchitis [ ] Skin infection [ ] GI infection  [ ] Fever of unknown source [ ] Other, specify: Vitals at initial presentation were as follows: BP\_\_\_\_ /\_\_\_\_ HR\_\_\_\_\_ Resp. rate\_\_\_\_\_ Temp.\_\_\_\_\_ 02 Sats.\_\_\_\_ Symptoms and positive exam findings at that time were: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The diagnosis fits: [ ] McGeer criteria [ ] Loeb criteria [ ] Neither [ ] Assessment tool not used |
| **A** | **Assessment:** Current vital signs: BP\_\_\_\_ /\_\_\_\_ HR\_\_\_\_\_ Resp. rate\_\_\_\_\_ Temp.\_\_\_\_\_ 02 Sats.\_\_\_\_Since starting antibiotic(s), the resident:  [ ] now has *no* signs or symptoms of infection [ ] has remained the same  [ ] has improved but continues to have signs and symptoms of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] has *new or worsening* signs/symptoms of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Microbiology culture result (fax microbiology report if available): [ ] has not returned yet [ ] has *no* growth [ ] was not obtained  [ ] has positive Gram stain/growth of [specify Gram stain/microorganism: ] Is susceptible to the antibiotic(s) prescribed: [ ] Yes [ ] No [ ] Don’t know  [ ] Not tested by lab [ ] Not yet performed by lab Other antibiotics the organism is sensitive to:  |
| **R** | **Recommendation:**[ ] Patient **is not improving** andneeds further evaluation.[ ] Patient **has improved** andneeds final antibiotic therapy plan. |
|  | **Nurse’s Signature:** **Date/Time:**  [ ] **Faxed or** [ ] **Called to:** **By:** **Date/Time:**  |
| **Physician Orders/Response (Please check all that apply)**[ ] I have reviewed the above **SBAR**. |
| [ ] Continue current antibiotic to complete a total antibiotic course of \_\_\_\_\_\_\_ days. Specify Antibiotic End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Change antibiotic therapy to: Drug: Dose: Route: Frequency: Duration: [ ] Stop antibiotic now[ ] Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Physician Signature:** | **Date/Time:** |

**Please Fax Back To:**  or[ ]  **Telephone Order**

*File Under Physician Order/Progress Notes*