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| --- |
| **SBAR Protocol for Diagnosing Skin and Soft Tissue Infections in Long Term Care** |
|  |  |  |  |  |  |  |  |  |  |
| Resident's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | MD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |
| **S - Situation** |  |  |
| I am contacting you about a suspected Skin/Soft Tissue infection for the above resident. |
|  Vital signs: BP \_\_\_\_/\_\_\_\_ Pulse \_\_\_\_\_ Resp rate \_\_\_\_\_ Temp.\_\_\_\_\_ |
| **B - Background** |
| Medication Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Resident is diabetic:  No  Yes |
| History of skin infections?  No  Yes – location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Advance directive for limiting treatment (especially antibiotics):  No  Yes |
| **A- Assessment** |  |
|  |
| Notes | Criteria are met if one of the situations below are met: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No | Yes |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | 1. New or increasing pus at a wound, skin, or soft-tissue site

**OR** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | At least 2 of the following: |
|  |  |  | □ Fever of 100◦F (38◦C) or repeated temps of 99◦F (37◦C)\* |
|  |  |  | □ Redness |
|  |  |  | □ Pain |
|  |  |  | □ Warmth |
|  |  |  | □ Swelling that is new or increasing |
|  |  |  |  |
| \*For residents who regularly run a lower temperature, use a temperature of 2 F (1 C) above the baseline as a definition of fever. |
| **R - Provider Recommendation** |  |
|  | □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | □ Encourage fluids |  |  |  |  |
|  | □ Assess vital signs, including temperature every \_\_\_\_\_\_ hours for \_\_\_\_\_\_\_ hours |  |
|  | □ Notify physician if symptoms worsen or if unresolved in \_\_\_\_\_\_\_ hours. |  |
|  | □ For discomfort or prior to cleaning/dressing changes, consider using acetaminophen or other pain reliever as needed. |  |
|  | □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |
|  | □ Antibiotic (include dose and duration): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Ordered on Meditech |  |
|  **Diagnosis/sign/symptom for treatment**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |
| **Nursing:**  | Information reviewed with Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Telephone order received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Name of family/POA notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_ |  |
|  |
|  |  |  |  |  |  |  |  |  |  |
| **Physician signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |  |  |  |  |  |

**SBAR Protocol for Diagnosing Soft Tissue Infection in LTC**

\*PO.WRITTEN\*

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Patient Label