|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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\*

ECT 10182018/lmh/BOU-302

**Boundary Community Hospital & Nursing Home**

**6640 Kaniksu Street**

**Bonners Ferry, ID 83805**

**(208)267-3141**

Patient Label