SBAR Communication for Possible Sepsis

Sepsis is a medical emergency that requires early recognition and prompt action. When checking resident vital signs, remain alert for the early signs and symptoms of sepsis. If sepsis is suspected, use the SBAR framework to clearly communicate concerns to a health care professional.

Situation

Name of physician contacted: _____

My name is: _____ I'm calling from: _____

I need to speak with you about resident (name): _____ Resident age: _____

Background

Resident admitted on (date) _____ diagnosed with: _____

Co-morbid conditions/diagnoses: _____

Signs of possible infection: _____ started on: _____

Current (or recently completed) PO or IV antibiotics: _____

Antibiotic name(s), dose, route: _____

Allergies: _____ Advance care directive: _____

Assessment

My assessment is that the resident may be experiencing a new or worsening infection. Here are my findings:

Temp: _____ RR: _____ BG: _____

HR: _____ SpO2 %: _____ Foley (Y/N): _____

BP: _____ Weight: _____ Last BM date: _____

Current labs/recent cultures

Mental status changed from baseline (Y/N): _____

Possible sources of infection: _____

(e.g., lung sounds, wound assessment, urine characteristics, other)

Recommendation

I am concerned this resident may have sepsis.

1. Would you like to order any labs, IV fluids or treatments?
2. How often should vital signs be checked?
3. What vital sign changes should be reported immediately?
4. If no improvement, do you want called again?

Sepsis Early Warning Signs

Temp ≥ 100 F or ≤96.8 F

Heart rate > 90 bpm

Respiratory rate ≥ 20 bpm

White blood cell (WBC) count ≥ 12,000 µL-1 or ≤ 4,000 µL-1

SpO2 ≤ 90%

Altered mental status

Decreased urine output

From recently drawn labs (within 24 hrs):

Creatinine > 2 mg/dl

Bilirubin > 2 mg/dl

Platelet count ≤ 100,000 µL

Lactate ≥ 2 mmol/L

Coagulopathy INR ≥ 1.5

or aPTT > 60 secs

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