

SHARED (Guidelines for communicating a critical situation or change in patient condition.)

BEFORE CALLING THE PHYSICIAN the home care RN should:

1. Assess the patient
2. Review the Admission and Status Screen for the appropriate physician to call
3. Read the most recent Clinical Note and the assessment from the prior visit.
4. Have available when speaking to the physician: Chart , Allergies, Med list, and labs.

S	S	Situation Hello, this is _____ RN from NCH. I am calling about _____ (patient name). Are you familiar with _____ case/patient? The reason I am calling you is:			
B	H	History Admitting diagnosis _____ Current diagnosis _____ Medical history _____ Hx of: <input type="checkbox"/> active infection <input type="checkbox"/> recent narcotics			
A	A	NEURO <input type="checkbox"/> LOC _____ <input type="checkbox"/> Seizures DIABETES <input type="checkbox"/> Glucose level _____	RESPIRATORY <input type="checkbox"/> O2 _____ <input type="checkbox"/> Lung sounds <input type="checkbox"/> cough <input type="checkbox"/> SpO2 _____	SEPSIS/INFECTION <input type="checkbox"/> BP _____ <input type="checkbox"/> HR _____ <input type="checkbox"/> Temp _____	NUTRITION/FLUID <input type="checkbox"/> appetite <input type="checkbox"/> hydration <input type="checkbox"/> elimination status <input type="checkbox"/> urine output
		PAIN <input type="checkbox"/> new onset <input type="checkbox"/> uncontrolled	SKIN/WOUND <input type="checkbox"/> color <input type="checkbox"/> temperature <input type="checkbox"/> wound status	MEDS/LABS <input type="checkbox"/> any new meds <input type="checkbox"/> Abnormal labs	CARDIOVASCULAR <input type="checkbox"/> rhythm _____ <input type="checkbox"/> weight <input type="checkbox"/>
R	R	Request <i>I request that:</i> (say what you would like to see done)			
		<input type="checkbox"/> BNP	<input type="checkbox"/> UA	<input type="checkbox"/> Culture	
		<input type="checkbox"/> CBC	<input type="checkbox"/> Medication changes	<input type="checkbox"/> Referral for another discipline	
		<input type="checkbox"/> INR	<input type="checkbox"/> EKG	<input type="checkbox"/> O2	
		<input type="checkbox"/> Next MD visit	<input type="checkbox"/> Additional RN Visits	<input type="checkbox"/> Consult visit with cardiac/psych/wound care nurse	
		<input type="checkbox"/>			
		OTHER: _____			
	E	Evaluate Evaluate outcome: <input type="checkbox"/> Evaluate need to inform other disciplines of above. Does this incident warrant a "Change in Condition" OASIS assessment?			
	D	Document Document specifics of communication in clinical notes, including assessments and lab values.			

This form is not part of the permanent medical record.