

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

BEFORE CALLING THE PHYSICIAN:

1. Assess the patient
2. Review the chart for the appropriate physician to call
3. Read the most recent Progress Notes and the assessment from the prior shift.
4. Have available when speaking to the physician: Chart, Allergies, Meds, IV fluids, labs.

S I T U A T I O	S	Hello, this is _____ RN from MBU/LD. I am calling about _____ (patient name). Are you familiar with _____ case/patient? The reason I am calling you is:											
B A C K G R O U N D	H History	Grav/Para _____ Gestational Age _____ Pregnancy History _____ Medical history _____ Allergies _____ ROM Date _____ Time _____ Color _____ Hx of: <input type="checkbox"/> Positive GBS <input type="checkbox"/> Recent narcotics											
A S S E S S M E N T	A	<u>Maternal Assessment</u> <u>Newborn Assessment</u> <input type="checkbox"/> BP <input type="checkbox"/> Temp <input type="checkbox"/> O2 Sat <input type="checkbox"/> Breath Sounds <input type="checkbox"/> Reflexes <input type="checkbox"/> Color	<u>FHT</u> <input type="checkbox"/> Baseline <input type="checkbox"/> Variability <input type="checkbox"/> Accels <input type="checkbox"/> Decels	<u>Uterine Activity</u> <input type="checkbox"/> Frequency <input type="checkbox"/> Intensity <input type="checkbox"/> Duration	<u>Fluid/Renal</u> <input type="checkbox"/> Urine output <input type="checkbox"/> IV fluids <input type="checkbox"/> I & O <input type="checkbox"/> Blood loss cc ____								
		<u>Labs</u> <input type="checkbox"/> Abnormal labs	<u>Pain</u> <input type="checkbox"/> _____	<u>Blood Glucose</u> <input type="checkbox"/> _____									
R E Q U E S T	R	<i>I request that.</i> (say what you would like to see done) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> IFE</td> <td><input type="checkbox"/> Come to see patient</td> </tr> <tr> <td><input type="checkbox"/> IUPC</td> <td><input type="checkbox"/> Consult OB Hospitalist</td> </tr> <tr> <td><input type="checkbox"/> Pain Med <input type="checkbox"/> Other Med</td> <td><input type="checkbox"/> Ask for a consult to see patient</td> </tr> <tr> <td><input type="checkbox"/> Epidural</td> <td><input type="checkbox"/> NICU Consult</td> </tr> </table>				<input type="checkbox"/> IFE	<input type="checkbox"/> Come to see patient	<input type="checkbox"/> IUPC	<input type="checkbox"/> Consult OB Hospitalist	<input type="checkbox"/> Pain Med <input type="checkbox"/> Other Med	<input type="checkbox"/> Ask for a consult to see patient	<input type="checkbox"/> Epidural	<input type="checkbox"/> NICU Consult
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	E	<u>Evaluate outcome:</u> <input type="checkbox"/> Evaluate need to inform other resources											
	D	<u>Document</u> specifics of communication, including assessments, test results, and outcomes of your communication on the Physician's Progress Notes. ALL VERBAL/TELEPHONE ORDERS MUST BE WRITTEN AND READ BACK TO THE PHYSICIAN (VORB) (TORB)											

This form is not a permanent part of the patient's medical record. It is a communication tool.