

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	Situation	<p>Hello, this is _____ RN from NCH Pediatric Dept.</p> <p>I am calling about _____ (patient name).</p> <p>PMP/Attending physician: _____</p> <p>Are you familiar with _____ case/patient?</p> <p>The reason I am calling you is:</p>																					
B	Background History	<p>Admitting Diagnosis: _____</p> <p>Current diagnosis: _____ Allergies: _____</p> <p>Past Medical History: <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> DM <input type="checkbox"/> Heart defect <input type="checkbox"/> HTN <input type="checkbox"/> Prematurity <input type="checkbox"/> Seizures <input type="checkbox"/> Cancer <input type="checkbox"/> Other</p> <p>Present Hx of: <input type="checkbox"/> active infection <input type="checkbox"/> recent narcotics <input type="checkbox"/> Home/recent Meds</p>																					
A	Assessment	<p>SKIN</p> <input type="checkbox"/> Color <input type="checkbox"/> Temperature <input type="checkbox"/> Moist <input type="checkbox"/> Cap. Refill	<p>RESPIRATORY</p> <input type="checkbox"/> O2 _____ <input type="checkbox"/> Lung sounds <input type="checkbox"/> RR _____ <input type="checkbox"/> SpO2 _____	<p>VS / SEPSIS</p> <input type="checkbox"/> BP _____ <input type="checkbox"/> HR _____ <input type="checkbox"/> Temp _____ <input type="checkbox"/> WBC _____	<p>FLUID/RENAL/GI</p> <input type="checkbox"/> Urine output <input type="checkbox"/> IV fluids <input type="checkbox"/> I& O <input type="checkbox"/> Weight (kg) _____ <input type="checkbox"/> Nausea/ emesis																		
		<p>PAIN</p> <input type="checkbox"/> New onset <input type="checkbox"/> Uncontrolled	<p>NEURO</p> <input type="checkbox"/> LOC _____ <input type="checkbox"/> Bld Glu _____ <input type="checkbox"/> Seizures	<p>MEDS/LABS</p> <input type="checkbox"/> Any new meds <input type="checkbox"/> Abnormal labs	<p>CARDIOVASCULAR</p> <input type="checkbox"/> Rhythm _____																		
R	Request	<p><i>I request that.</i> (say what you would like to see done)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> ABGs</td> <td><input type="checkbox"/> Diet Change</td> <td><input type="checkbox"/> Come to see patient</td> </tr> <tr> <td><input type="checkbox"/> BMP</td> <td><input type="checkbox"/> PAC</td> <td><input type="checkbox"/> Talk to parent by phone</td> </tr> <tr> <td><input type="checkbox"/> CBC</td> <td><input type="checkbox"/> Nebulizer Tx</td> <td><input type="checkbox"/> Ask for a consult to see patient</td> </tr> <tr> <td><input type="checkbox"/> CXR</td> <td><input type="checkbox"/> Fluid bolus</td> <td><input type="checkbox"/> Consult Intensivist</td> </tr> <tr> <td><input type="checkbox"/> EKG</td> <td><input type="checkbox"/> Meds</td> <td><input type="checkbox"/> Consult Hospitalist _____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Cathed UA</td> <td><input type="checkbox"/> Transfer to _____</td> </tr> </table>				<input type="checkbox"/> ABGs	<input type="checkbox"/> Diet Change	<input type="checkbox"/> Come to see patient	<input type="checkbox"/> BMP	<input type="checkbox"/> PAC	<input type="checkbox"/> Talk to parent by phone	<input type="checkbox"/> CBC	<input type="checkbox"/> Nebulizer Tx	<input type="checkbox"/> Ask for a consult to see patient	<input type="checkbox"/> CXR	<input type="checkbox"/> Fluid bolus	<input type="checkbox"/> Consult Intensivist	<input type="checkbox"/> EKG	<input type="checkbox"/> Meds	<input type="checkbox"/> Consult Hospitalist _____	<input type="checkbox"/> Other	<input type="checkbox"/> Cathed UA	<input type="checkbox"/> Transfer to _____
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E		<p><u>EVALUATE</u> outcome:</p> <input type="checkbox"/> Evaluate need to inform other resources																					
D		<p><u>Document</u> specifics of communication, including assessments, lab values, and outcomes / of communication with physician <u>in the medical record!</u></p>																					

This form is not part of the permanent medical record.