SBAR for COPD Symptoms ~ *QC Senior Care Coalition COPD Care Initiative*

Situation:
"Hi Dr. _____this is _____ from _____. I am calling about_____ who is experiencing _____."

Background:
Age: _____Gender: _____Code Status: _____Primary Diagnosis: __COPD__ Other: _____
Recent important events:
    Example: Discharged from hospital on _____(date), treated for _____(diagnosis)
Current Respiratory medications: frequency of use ____ increase in use ____*(Review meds, allergies, pharmacy)*
When did symptoms develop? _____ How severe are the symptoms? _____
Change in LOC? ___Confusion ___Fatigue ___Restlessness ___Anorexia ___Difficultly sleeping ___Vomiting ___Anxious

Assessment: (*Recommend only reporting on primary/abnormal/pertinent data*)
Patient's Assessment:
Vital Signs: Temp_____ Pulse _____ RR _____ BP _____ SaO2_____ Pain _____ O2: _____ L/min (Intermittent / Continuous)
Breathing Effort: ____Tripod positioning ____ pursed lip breathing ____ retractions ____ nasal flaring
Breathing: ____tripod ____ pursed lip ____ retractions ____ nasal flaring ____dyspnea: ___ (Intermittent / Continuous)
Sputum: _____color _____consistency _____amount (increased?) / Cough: _____frequency _____purulence description
Lung Sounds/Location: _____ crackles _____ wheeze _____ diminished _____ rhonchi _____ rales
Skin Color: Cyanosis ___ Location _____ Capillary Refill _____Peripheral Edema: 1+ ____ 2+ ____ 3+ ____ 4+ ____

Interventions implemented & effectiveness of intervention (*note in space below*):
Non-pharmacological interventions:_____
    Examples: *HOB elevated, spirometry, cough/deep breathing, CPT vest, percussion, oxygen (L/min), bipap, cpap, avap*
Pharmacological interventions: :_____
    Examples: (include when given, route, dosage): medications, inhalers, nebulizers

Recommendation:
Remember: "We may be able to avoid hospitalization by…." Or "We may be able to treat in house by…"
____Antibiotic: indicated for increase in dyspnea / sputum volume or purulence
____Systemic corticosteroid: Prednisolone, oral, 30-40mg, daily for 10-14 days
____Short-acting bronchodilators:
    Change route to via nebulizer / Change frequency to q4hours
    Change/Add beta-agonist or anticholinergic to _____
____Oxygen therapy: Titrate to _____L/Min to reach O2 sat of _____ (88-92%)
____Increase visit frequent to _____ to monitor treatment plan effectiveness

Add'l Notes:

02/14/2020