INDEX HOSPITAL

SBAR FORM

ONTARIO’S CRITICAL CARE MODERATE SURGE RESPONSE

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| **SBAR FORM**Situation Background Assessment Recommendation | **Date:**  |
| **Index Hospital & OH Sub-Region:****VP Name:**  | **Time of preamble call:** **Call in Number at CritiCall:** **Participant code:**  |
| **Situation & Background: Summarise the situation and outline minor surge responses that has been executed e.g. cancelling OR, decanting patients etc.**  |
|  |
| **What is your current status? Please insert # :**  \_\_\_\_\_\_\_ Critical care capacity at Moderate Surge level (≥ 115%)  \_\_\_\_\_\_\_ Critical care bed capacity (insert bed occupancy rate from CCIS) \_\_\_\_\_\_\_\_ # Beds Not Available  |
| **Confirm that CCIS is updated daily? □ Yes □ No** |
| **Confirm that the hospital’s senior executive team / VP has been informed? □ Yes □ No** |
| **Assessment: What is your current patient compliment**  |
| \_\_\_ # patients are red (i.e. will remain in ICU)\_\_\_ # patients are yellow (i.e. possibility of transfer within 36 hours)\_\_\_ # patients are green (i.e. ready to leave ICU immediately) |
| **Recommendation & Next Steps: What are the recommended actions from the preamble call?** |
| **Proceed to Fan Out Call with Partner Hospitals? □ Yes □ No** |
| **List of patients requiring possible transfer? *NOTE: For patient privacy this portion of the form will be for internal use only*** |
| **Pt #** | **Patient Identifier** | **Age** | **M/F** | **Diagnosis** | **Vented****Y/N** | **Location** | **MRP****Service** | **Necessity of Isolation? Y/N** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |

**End of Form**