

OASIS Alert

Tool: Use this SBAR to Respond to Heart Failure Symptoms

Focus on the result you want before you contact the physician.

If you're struggling with getting a speedy response from the physician when your patient experiences heart failure symptoms, a targeted SBAR may be just the remedy. This form from Mary Narayan, MSN, RN, HHCNS-BC, COS-C, with Narayan Associates in Vienna, Va. will help you to present the situation clearly and concisely so you can speed things along.

SBAR Communication about Exacerbation of Heart Failure

Situation:

- Dr. (name), this is (your name, discipline) from (name of your home health agency).
- I am calling about (patient's name), who is showing signs of fluid overload.

Background: (Review medical record, Medication Profile, last visit notes, labs, etc.)

- Patient's age _____
- Primary diagnoses: HF Stage ____; other primary/pertinent diagnoses
- Recent important events. Examples include:
 - oAdmitted to home care on (date) for (reason for home care).
 - oDischarged from the hospital on (date) after being treated for (reason for hospitalization).
 - oReports did not take diuretic/follow low-sodium diet due to forgetfulness and no caregiver.
 - oPatient has been hospitalized for HF 3 times in past 2 months.
- DNR status if applicable.

Assessment: (Only report primary/abnormal/pertinent data)

- Patient's current symptoms:
 - SOB DOE Orthopnea Confusion Fatigue Angina Chest tightness
 - Other pertinent symptoms _____
 - When did symptoms develop? _____
 - How severe are symptoms? _____
- Physical assessment:
 - Vital signs: Pulse ____ RR ____ BP _____ O2 sat ____
 - Current weight _____ Weight gain ____ lbs in ____ days.
 - Extra heart sounds (S3, S4, gallop)
 - Lung sounds: Fine crackles (rales) Location: _____

- Jugular vein distension □ Peripheral edema: 1+ □ 2+ □ 3+ □ 4+ □
- Abdominal girth _____ in/cm which is an increase of _____ in/cm since _____
- Urine color/output: _____
- Diuretic medication(s) available: _____ Is rescue drug (e.g. IVP furosemide) available?
- Have available: Medication Profile, allergies and phone number of pharmacy.

• **Analysis:**

- Patient seems to be having an acute heart failure exacerbation which we may be able to resolve at home, without rehospitalization.

Recommendation: Examples include

- To avoid rehospitalization, should the diuretic be increased to try to resolve the problem?
- Would you like to double the diuretic for 3 days, which worked last time for the patient?
- Would you like to order IV push furosemide to see if we can diuresis patient at home? I can visit on a daily basis for 2-3 days to administer additional doses and assure the symptoms resolve?
- Should I follow up diuretic therapy with labs in a couple of days? Electrolytes? BUN? Creatinine?
- Could we refer to MSW to assist family to determine caregiving options related to diet and med administration needs?
- Since patient has end-stage HF and patient does not want to go back to hospital, could we have orders for a DNR and referral to palliative/hospice care?