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:
  - Admitted to home care on (date) for (reason for home care).
  - Discharged from the hospital on (date) after being treated for (reason for hospitalization).
  - Reports did not take diuretic/follow low-sodium diet due to forgetfulness and no caregiver.
  - Patient 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?