

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 I T U A T I O N	S	Hello, this is _____ RN from NCH. I am calling about _____ (patient name). Are you familiar with this _____ case/patient? The reason I am calling you is:			
B A C K G R O U N D	H History	Admitting diagnosis _____ Current diagnosis _____ Medical history _____ Last Chemo or Radiation (date): _____ Hx of: <input type="checkbox"/> Active Infection <input type="checkbox"/> Recent Narcotics <input type="checkbox"/> Recent Treatments/Procedures			
A S S E S S M E N T	A	NEURO <input type="checkbox"/> LOC _____ <input type="checkbox"/> Bld Glu _____ <input type="checkbox"/> Seizures	RESPIRATORY <input type="checkbox"/> O2 _____ <input type="checkbox"/> Lung sounds _____ <input type="checkbox"/> RR _____ <input type="checkbox"/> SpO2 _____	SEPSIS <input type="checkbox"/> BP _____ <input type="checkbox"/> HR _____ <input type="checkbox"/> Temp _____ <input type="checkbox"/> WBC _____	FLUID/RENAL <input type="checkbox"/> Urine output _____ <input type="checkbox"/> IV fluids _____ <input type="checkbox"/> I & O _____ <input type="checkbox"/> Wt _____
		PAIN <input type="checkbox"/> New onset <input type="checkbox"/> Uncontrolled	SKIN <input type="checkbox"/> Color _____ <input type="checkbox"/> Temperature _____ <input type="checkbox"/> Moist _____	MEDS/LABS <input type="checkbox"/> Any new meds _____ <input type="checkbox"/> Abnormal labs _____	CARDIOVASCULAR <input type="checkbox"/> Rhythm _____ <input type="checkbox"/> if + Troponin: <input type="checkbox"/> ASA <input type="checkbox"/> BB
R E Q U E S T	R	I Request that: (say what you would like to see done) <input type="checkbox"/> ABGs <input type="checkbox"/> Lactate level <input type="checkbox"/> Come to see patient <input type="checkbox"/> BNP <input type="checkbox"/> Cardiac enzymes <input type="checkbox"/> Ask for a consult to see patient <input type="checkbox"/> CBC <input type="checkbox"/> Fluid bolus <input type="checkbox"/> Consult intensivist <input type="checkbox"/> CXR <input type="checkbox"/> Meds <input type="checkbox"/> Transfer to CCU <input type="checkbox"/> EKG <input type="checkbox"/> Other			
	E	Evaluate outcome: <input type="checkbox"/> Evaluate need to inform other resources			
	D	Document specifics of communication, including assessments, test results, and outcomes of your communication on the Physician's Progress Notes.			

This form is not a permanent part of the patient's medical record. It is a communication tool.