

POLICY/PROCEDURE

POLICY#_____

SUBJECT/TITLE: Physician Communication Protocol		
POLICY: Accurate and complete communication to the physician is essential for effective and safe management of changes in patient condition or issues arising in solving care of the patient. Use of the SBAR-based protocol improves the effectiveness of this communication.		
APPLICABLE TO: All Patient Care Areas		
APPROVED BY/DATE: 5/95	EFFECTIVE DATE: 7/89, 12/08	REVISION/REVIEW DATE: 5/95, 5/00, 4/03, 9/05, 10/08

I. Identification of Responsible Physician

Unit	Weekdays	After-Hours, Weekend
M/S/P	Hospitalist or Rounder or Surgeon	On-Call Primary or Surgeon
ICU	Hospitalist or Rounder or Surgeon	On-Call Primary or Surgeon
WHBC	Primary or Surgeon	On-Call Primary or Surgeon
ARU	Dr. Gerling	On-Call

If a consult is requested, physician-to-physician communication must occur.

II. Communication

1. Nursing is responsible for notification of physician of significant changes in the patient’s condition.
2. The Rapid Response Team (RRT) should be implemented if immediate assistance or consultation is needed. (Refer to RRT Policy).
3. If immediate physician interaction is required due to a life-threatening situation, a Code Blue may be called as appropriate.
4. The “Protocol for Communication with Physicians” should be followed in order to ensure effective and complete information is provided to the physician.
 - Information is collected and assessed prior to initiation of the call.
 - The Protocol serves as the template for communication and is not part of the medical record. However, the call to the physician, information given, and the response of the physician must be documented in the Medical Record.

**PROTOCOL FOR COMMUNICATION WITH PHYSICIANS
(NOT PART OF MEDICAL RECORD)**

Before calling the Physician:

1. Assess the patient, including recent vital signs.
2. Review the chart for the appropriate physician to call.
3. Know the admitting diagnosis.
4. Read the most recent Progress Notes and the assessment from the nurse of the prior shift.
5. Have available when speaking with the Health Care Provider: Chart, Allergies, Meds, IV fluids, Labs/Results, Most Recent VS and Code Status.
6. If the physician is unavailable and you are expecting a return call, notify coworkers that you are expecting the call and where you can be located.

<p>SITUATION</p> <ul style="list-style-type: none"> • State your name and unit. • I am calling about: <i>(patient name and location)</i>. • The situation I am calling about is: _____ 		
<p>BACKGROUND</p> <ul style="list-style-type: none"> • Admission diagnosis, date of admission and Pertinent Medical History. • Brief synopsis of the treatment to date. 		
<p>ASSESSMENT: Most recent vital signs: BP ____ Pulse ____ Resp ____ Temp ____ SaO₂____ Oxygen at _____ liters per ____ cannula ____ mask Any changes from prior assessments, such as:</p>		
Mental Status	Respiratory rate/quality	Retractions, use of accessory muscles
Skin color	Pulse/BP rate/quality	EKG/Cardiac rhythm changes
Neuro changes	Pain score	Wound drainage
Musculoskeletal (joint deformity, weakness)		GI/GU (nausea, vomiting diarrhea, output)
<p>RECOMMENDATION to Physician</p> <p>Do you think we should:</p> <p>State what you would like to see done, if applicable</p> <p>___ Transfer the patient to ICU</p> <p>___ Come to see the patient at this time?</p> <p>___ Talk to patient/family about code status?</p> <p>___ Ask for a consultant to see the patient now?</p> <p>___ Other suggestions? _____</p>		
<p>Are any tests needed?</p> <p>___ CXR ___ ABG ___ EKG ___ CBC ___ BNP</p> <p>Others? _____</p> <p>If a change in treatment is ordered, then ask:</p> <p>___ Frequency of VS</p> <p>If the patient does not improve, when would you want us to call again?</p>		

Write all orders directly in the chart and complete the verbal read-back.

* Document any change in condition plus Physician notification and response in the patient's chart.