



Critical Care  
Services Ontario



# INDEX HOSPITAL SBAR FORM

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ONTARIO'S CRITICAL CARE MODERATE SURGE RESPONSE

<b>SBAR FORM</b> Situation Background Assessment Recommendation	<b>Date:</b>
<b>Index Hospital &amp; OH Sub-Region:</b>  <b>VP Name:</b>	<b>Time of preamble call:</b>  <b>Call in Number at CritiCall:</b>  <b>Participant code:</b>
<b>Situation &amp; Background: Summarise the situation and outline minor surge responses that has been executed e.g. cancelling OR, decanting patients etc.</b>	
<b>What is your current status? Please insert # :</b>  _____ Critical care capacity at Moderate Surge level ( $\geq 115\%$ ) _____ Critical care bed capacity (insert bed occupancy rate from CCIS) _____ # Beds Not Available	
<b>Confirm that CCIS is updated daily?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Confirm that the hospital's senior executive team / VP has been informed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Assessment: What is your current patient compliment</b>	
____ # 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)	
<b>Recommendation &amp; Next Steps: What are the recommended actions from the preamble call?</b>	
<b>Proceed to Fan Out Call with Partner Hospitals?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**List of patients requiring possible transfer?**

**NOTE: For patient privacy this portion of the form will be for internal use only**

<b>Pt #</b>	<b>Patient Identifier</b>	<b>Age</b>	<b>M/F</b>	<b>Diagnosis</b>	<b>Vented Y/N</b>	<b>Location</b>	<b>MRP Service</b>	<b>Necessity of Isolation? Y/N</b>
1								
2								
3								
4								

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**End of Form**