

Sample SBAR Tool for Suspected Urinary Tract Infection

[Facility Logo]

Resident Label

S Situation

I am concerned about a suspected UTI for the above resident.

B Background

Indwelling catheter Yes No If yes, Urethral Suprapubic
 Incontinence Yes No If yes, is this new or worsening Yes No
 UTI in last 6 months Yes No If yes, Date: _____ Organism: _____ Treatment: _____
 Active diagnosis (especially bladder, kidney, genitourinary conditions; diabetes; receiving dialysis, anticoagulants): _____
 Advance directives for limiting treatment (especially antibiotic use): _____
 Medication allergies: _____

A Assessment

Vital signs: BP ____ / ____ HR ____ Resp. rate ____ Temp. ____ O₂ Sats. ____

<p>Resident WITH indwelling catheter The criteria are met to initiate antibiotics if one of the following are selected:</p> <p>No Yes</p> <p><input type="checkbox"/> <input type="checkbox"/> Fever of 100°F (38°C), or 2°F (1.1°C) above baseline, or repeated temperatures of 99°F (37°C)</p> <p><input type="checkbox"/> <input type="checkbox"/> New back or flank pain</p> <p><input type="checkbox"/> <input type="checkbox"/> Rigors / shaking / chills</p> <p><input type="checkbox"/> <input type="checkbox"/> New onset delirium (new dramatic change in mental status)</p> <p><input type="checkbox"/> <input type="checkbox"/> Hypotension (significant change in baseline BP or SBP <90)</p> <p><input type="checkbox"/> <input type="checkbox"/> Acute suprapubic pain</p> <p><input type="checkbox"/> <input type="checkbox"/> Acute pain, swelling or tenderness of the scrotal area</p>	<p>Resident WITHOUT indwelling catheter Criteria are met to initiate antibiotics if one of the three situations are met:</p> <p>No Yes</p> <p><input type="checkbox"/> <input type="checkbox"/> Any one of the following two: <input type="checkbox"/> Acute dysuria alone (pain or burning while urinating) <input type="checkbox"/> Acute pain, swelling or tenderness of the scrotal area _____ OR _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Single temp of 100°F (38°C), or 2°F (1.1°C) above baseline, or repeated temperatures of 99°F (37°C) and at least one of the following new or worsening symptoms: <input type="checkbox"/> Urgency <input type="checkbox"/> Suprapubic pain <input type="checkbox"/> Frequency <input type="checkbox"/> Gross hematuria <input type="checkbox"/> Back or flank pain <input type="checkbox"/> Urinary incontinence _____ OR _____</p> <p><input type="checkbox"/> <input type="checkbox"/> No fever, but two or more of the following new or worsening symptoms: <input type="checkbox"/> Urgency <input type="checkbox"/> Suprapubic pain <input type="checkbox"/> Frequency <input type="checkbox"/> Gross hematuria <input type="checkbox"/> Urinary incontinence</p>
---	--

Nurses: Please check box to indicate whether or not criteria are met and notify physician
 Protocol criteria are NOT met. Resident **DOES NOT** need immediate antibiotic but may need additional observation
 Protocol criteria met. Resident may require UA and urine culture or an antibiotic.

Nurse's Signature: _____ **Date/Time:** _____
 Notification of Family/POA Name: _____ **Date/Time:** _____
 Faxed or **Called to:** _____ **By:** _____ **Date/Time:** _____

R Physician Orders/Response (Please check all that apply)

Encourage 4oz of cranberry juice or another liquid (_____) for _____ times/day, until symptoms resolve
 Record fluid intake
 Assess vital signs, including temp; every _____ hours for _____ hours
 Monitor and notify PCP if symptoms worsen or unresolved in _____ hours
 Urinalysis, With Reflex to Urine Culture (if indicated)
 Other: _____
 For antibiotic orders (if needed) please complete script in full below (**notify physician if resident is currently on warfarin**):
 Drug: _____ Dose: _____ Route: _____ Frequency: _____ Duration: _____ Indication: _____

Physician Signature: _____ **Date/Time:** _____

Please Fax Back To: _____ or Telephone Order



File Under Physician Order/Progress Notes

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.