DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ *(****Night Shift Completes for Days; Days reviews & updates as needed before SIBR)***

\* Problem focused (don’t report normals) \* Research key SIBR information before SIBR begins (be prepared) \* Update for change of shift & prior to rounds \* Be brief & to the point; don’t repeat info already covered \*Help family prepare for SIBR – give brochure, help refine/prioritize their goals & questions

|  |  |
| --- | --- |
| **DAY SHIFT SIBR** | **Patient:** |
| **Previous Shift/Current Events**\*(not already discussed) |  |
| **Vitals/Advanced Monitoring** (e.g ICP)(abnormals) |  |
| **Sepsis Score (Trends if yellow or red)**Huddle Needed? Next Huddle Planned? | #\_\_\_\_  |
| **Pain, Sedation, Delirium, Withdrawal, Paralytics**\*(Are pain & agitation/anxiety controlled? Pain/RASS /CAPD/WAT-1/Corneal Care?) | Pain =RASS = RASS Goal =CAPD=WAT-1= |
| **Respiratory Status\***(report only if RCP not present– vent settings/O2 therapy/treatments/suctioning) |  |
| **Central Lines/Arterial Line**\*(# days? *Do you need it?* Adequate access?) | Day #:\_\_\_ |
| **Fluids & Continuous Infusions** (should we be NPO for procedure/extubation?) |  |
| **Tubes & Drains (lists)** |  |
| **Nutrition** |  |
| **GI Prophylaxis** (what med?) |  |
| **Foley Catheter**\*(# days? Do you need it?) | Day #:\_\_\_ |
| **Urine (ml/kg/hr) & Bowel (regimen)****24 hour I & O balance** | UOP \_\_\_\_mL/kg/hr |
| **POKE-R (Medications Lab Frequency / Tests) TNT**\*\*\* | Meds #\_\_\_\_ □ No recommendationsLab/Test#\_\_\_\_ □ Recommendations: |
| **Pressure Ulcer/Wound Surveillance** |  |
| **DVT Prophylaxis** |  |
| **PT/OT/Speech Consults** |  |
| **Palliative Care for LOS> 2 weeks/****Family Care Conference**  |  |
| **Safety & Other Concerns** (Restraints, planned procedures, sleep patterns) |  |
| **Nursing/Parent Goals** |  |
| **Orders** (needed/clarified) **Transfer/discharge needs** |  |

\***Following nursing presentation, SIBR turns over to RCP. \*\* POKE-R =** *Prevent Pain and Organisms from sKin and catheter Entry and Radiology*

\*\*\****TNT****=Timing/frequency, Necessity, Type*

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ ***(Day Shift Completes for Nights; Nights reviews & updates as needed before SIBR)***

\* Problem focused (don’t report normals) \* Be prepared

\* Update for change of shift and prior to rounds \* Be brief & to the point, don’t repeat info

Goals (medical, family, other):

1

2

3

**ONLY address issues that are ABNORMAL to the patient’s baseline with acute changes (∆)**

|  |  |  |
| --- | --- | --- |
| Systems Based: | Patient concerns: (acute changes) | Night Plans (if/then scenario) |
| **Are we able to address the goals above??** □ Yes or □ No |  |  |
| **Vital signs stable** □ Yes or □ No(Abnormals, ICPs, since day shift rounds) |  |  |
| **Neurological** □ No acute ∆ (Includes Pain/Sedation/ Delirium/Withdrawal issues) |  |  |
| **Sepsis Score** (Trends if yellow or red) Huddle Needed? Next Huddle Planned? |  |  |
| **HEENT** □ No acute ∆  |  |  |
| **Respiratory** □ No acute ∆ (Are we unable to wean oxygen/vent settings?) Report only if RCP unavailable. |  |  |
| **Cardiac** □ No acute ∆   |  |  |
| **Peripheral Vascular** □ No acute ∆  |  |  |
| **Musculoskeletal** □ No acute ∆  |  |  |
| **Gastrointestinal** □ No acute ∆   |  |  |
| **Genitourinary** □ No acute ∆  (Is UOP <1ml/kg/hr or >4 ml/kg/hr? ) |  |  |
| **Line Access OK** □ Yes or □ No |  |  |
| **Lab frequency/Tests**(List all ordered labs/tests)(what’s the plan if the gas comes back bad?) |  |  |
| **Fluids/Continuous Infusions** (should pt be NPO for procedure, or does diet need to be advanced) |  |  |
| **Orders to clarify/needed**(renew restraints? Anticipate orders needed) |  |  |