



SBAR – Dehydration Long-Term Care



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New: July 08, 2022

Page: 1 of 2

Date: _____	Time: _____	Writer's Name: _____
Writer's Contact Information: _____		Writer's Signature: _____
Site: _____	Neighborhood: _____	Fax Number: _____
Resident's allergies: _____		
Resident's Age: _____ Weight: _____ MOST: _____ SDM Name and Number: _____		
Prescriber's Name and Fax Number: _____		

Situation	_____ has signs and symptoms of dehydration (name of resident)
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Background	RR: _____ Temp: _____ BP: _____ O2 sat: _____ Pulse: _____ Admission Weight (kg): _____ Current Weight (kg): _____ <table border="1" style="width: 100%;"> <tr><th colspan="3">Fluid intake and output over the last 3 days:</th></tr> <tr><th>Date</th><th>Intake (mL)</th><th>Output (mL)</th></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> Resident has history of: <input type="checkbox"/> Dysphagia <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Chronic Renal Disease <input type="checkbox"/> Malnutrition <input type="checkbox"/> Nursing Interventions that have been initiated: _____ _____	Fluid intake and output over the last 3 days:			Date	Intake (mL)	Output (mL)									
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Date	Intake (mL)	Output (mL)														

Assessment	The resident has the following signs or symptoms of dehydration: <input type="checkbox"/> Cracked lip and/or dry skin and/or poor skin turgor at clavicle <input type="checkbox"/> Complains of thirst and/or has increased requests for fluids <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Dizziness/vertigo <input type="checkbox"/> Increased confusion, lethargy and/or change in level of consciousness <input type="checkbox"/> Decreased blood pressure <input type="checkbox"/> Increased pulse <input type="checkbox"/> Decreased urine output <input type="checkbox"/> Urine colour (dark yellow) <input type="checkbox"/> Complains of nausea, vomiting and/or diarrhea <input type="checkbox"/> Other: _____
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(Nurse's) Recommendation	Resident has signs and symptoms of dehydration, which started on _____ Resident requires: <input type="checkbox"/> Lab tests <input type="checkbox"/> Hypodermoclysis <input type="checkbox"/> Other: _____
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SBAR – Dehydration Long-Term Care

The SBAR framework provides a consistent, organized structure when communicating resident information with the Most Responsible Practitioner (MRP).

Use this SBAR to communicate signs of resident dehydration with the MRP.

S = Situation

Resident has signs and symptoms of dehydration

B = Background

Add the resident clinical background information in relation to dehydration

A = Assessment

Document your assessment

R = Recommendation

Ask for recommendations to manage resident's dehydration

Please enter the requested information and upon completion:

1. Fax the completed dehydration SBAR to MRP
2. After faxing, if no reply within 4 to 6 hours, call the MRP