

Communication and assessment information for GP



Attention: Dr _____

Resident's name: _____

RACF: _____

Staff member: _____

Date: _____

Time: _____

ISBAR communication tool		Clinical assessment	
I dentify <ul style="list-style-type: none"> Identify self, receiver and resident 		Temperature: _____ Pulse: _____	Advanced care directive: yes / no
	S ituation <ul style="list-style-type: none"> State why you are calling What is currently happening If urgent, say so 		Respirations: _____ / minute SaO ₂ : _____ % Oxygen therapy: _____ continuous / intermittent / as required / not used
		Blood pressure : _____ / _____ lying / _____ standing	
		Blood glucose level: _____ mmol	
B ackground <ul style="list-style-type: none"> Date and time of event History of event Brief medical and medication history Brief summary of actions taken 			Bowels last opened: _____ consistency / colour
		Urinalysis: _____ Allergies: _____ Urine output: similar / less / more	
		Fluid intake: same / less / more Food intake: same / less / more	
		Vomiting: yes / no amount / colour / type	
	A ssessment <ul style="list-style-type: none"> Clinical assessment Vital signs 		Pain: yes / no Location: _____ Score: 0 - 10
		Last seen by a GP: _____	
		Recent treatment for infection / hospitalisation: _____	
R equest <ul style="list-style-type: none"> State what you want from them What else should you do 		Medications given to help relieve symptoms: _____	
		Other: _____	