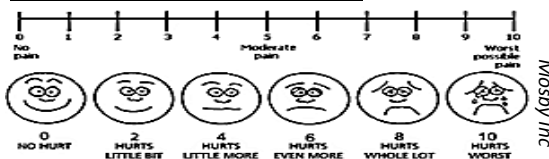


Resident Name: \_\_\_\_\_  
 DOB:     /     /       
 Age: \_\_\_\_\_

## ISBAR4AC/Nurse Clinical Handover Information For Residential Aged Care Facilities

**NOTE:** Complete prior to contacting the GP/ACE Service/NSW Ambulance  
 If TRANSFER to ED send: **ISBAR4AC, Observations Chart, Medication Chart, Advance Care Plan / MOLST, Confusion Assessment Method (CAMi)**     **Please use yellow envelope if available**

<b>I</b> Identify	<b>Your name and role:</b> <b>Direct phone number for call back:</b> <b>Name and position of person you are speaking to:</b>	<b>RACF:</b>  <b>Direct Fax number:</b>	<b>RAC ID:</b>
<b>S</b> Situation	<b>Resident's main problem /symptom at present?</b>  <b>How long has this been an issue?</b>		
<b>B</b> Background	<b>Is there any relevant medical history? (have chart available)</b> <b>Medications (have chart available)</b> <b>Known Allergies:</b>  <b>Initial treatment and the effect on the resident?</b>  <b>Resident's family notified of current problem/symptom? Yes / No</b> <b>Name of the resident's usual GP:</b> <b>Is there an Advance Care Plan / MOLST in place? If so, what is it?</b>		
<b>A</b> Assessment	<b>Observations: (have chart available) Baseline:    Date:                      Time:</b> <b>Temp:                      Blood pressure:                      Pulse rate:                      (regular/irregular)</b> <b>Respirations:                      Oxygen saturation:                      BGL:                      Weight:</b> <b>Current Observations:    Temp:                      Blood pressure:</b> <b>Pulse rate:                      (regular/irregular)                      Respirations:                      Oxygen saturation:</b> <b>BGL:                      Weight:                      Urinalysis:</b> <b>Injuries or abnormal findings (See Symptom Reference Guide over page):</b>  <b>Is resident more confused than usual? Yes / No</b> <b>(If yes, complete Confusion Assessment Method- see ACE manual)</b> <b>How much pain is the patient in?</b> <div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <b>Circle the type of pain:</b>  <b>Chronic</b>  <b>Acute</b>  <b>Acute on chronic</b> </div> </div>		
<b>R</b> Recommendation	<b>I am requesting assistance with / advice for:</b> <i>Symptom management; Medication review; GP assessment of patient; Sending patient to ED; Other.</i> <b>Goals of Care (consider Advance Care Plans):</b>  <b>Doctor's Orders / ACE Advice:</b>  <b>Name:                      Signature:                      Date:</b>		

## Symptom Reference Guide

Problem	Additional Information	Specific Observations Required
<b>Abdominal Pain</b>	Where is the pain worst? What is the pain like? ( <i>Sharp / Dull / Burning / Constant / Comes and goes</i> ) Is there any associated features? ( <i>Nausea / Vomiting / Diarrhoea</i> ) Is there any blood in the stools? ( <i>Bright/ Dark Red/Black</i> ) When the bowels were last opened and what interventions?	Palpation for ( <i>Distention / Guarding / Tender</i> ) <b>(If within scope of practice)</b>  Could this be urinary retention or constipation?
<b>Diarrhoea/ Nausea or Vomiting/Dizziness</b>	What symptoms are present? ( <i>Nausea / Vomiting/Diarrhoea</i> ) Frequency of episodes? What colour is the bowel motion or vomitus? Is there any visible blood? Does the resident have abdominal pain? Is there a change in appetite or fluid intake?	Is the resident tolerating fluids? Last time bowels open? Lying and Standing Blood Pressure
<b>Urinary Problems</b>	Is there an increase in urinary frequency? Is there pain or burning on urination?	Skin? ( <i>Sweating/Dry</i> ) Increased confusion? If yes, complete CAMi
<b>Shortness of Breath</b>	How did it develop? ( <i>Suddenly/ Gradually</i> ) Shortness of breath ( <i>At rest/ With exertion/ When Sitting Up/ Lying Down</i> ) Does the resident have associated chest pain/discomfort?	Sputum ( <i>Clear/ Coloured/ Blood</i> ) Audible sounds ( <i>Wheeze/ Gurgling</i> ) Resident appearance ( <i>Pale/ Blue/ Sweaty</i> ) Ankle or lower limb swelling
<b>Chest Pain</b>	Location of pain Does it radiate? ( <i>Arm/ Neck/ Back</i> ) Nature of pain ( <i>Sharp/ Dull/ Burning/ Heavy/Tight</i> ) Does anything make it worse? ( <i>Exertion/ Movement/Cough/ Inspiration</i> ) Does anything make it better? ( <i>Rest/ Antacid/GTN-(Anginine)/O2</i> )	Is the resident short of breath? Resident appearance ( <i>Pink/ Pale/ Sweaty/ Blue</i> )
<b>Seizures</b>	How long did the episode last? Details of any injuries Is the resident in pain? Is there any new weakness? ( <i>Arm/ Leg/ Face</i> ) What was the resident doing at the time? Did the resident report any: ( <i>Light Headedness/ Dizziness/Loss of Consciousness</i> ) Is there any: ( <i>Change to Vision / Loss of Speech / Hallucinations/ Incontinence</i> )	Resident appearance ( <i>Normal/ Pale/ Sweaty/ Anxious</i> ) Limb movement ( <i>Normal/ Decreased</i> )
<b>Lacerations &amp; Falls</b>	Location of injury(s) Is the bleeding controlled? Is the resident on anti-coagulants?	Depth and length of wounds? Equipment on-hand? ( <i>Steri-strips / Glue / Suture Kit</i> )
<b>Confusion &amp; Decreased Level of Consciousness</b>	How did it develop? ( <i>Suddenly / Gradually</i> ) Is the resident on anti-coagulants? Have there been any recent falls? Are there any other symptoms? ( <i>Chest Pain / Headache / Diarrhoea / Vomiting / Breathing difficulties</i> ) Is there any new arm or leg weakness?	Last bowel motion? Last urine passed? Conscious state: <i>Normal / Hyper-Alert / Drowsy/Easily roused /Difficult to rouse/ Unrousable</i>
<b>Fever</b>	How long has the fever lasted? Is there any ( <i>Cough / Abdominal pain / Rash / Skin infection</i> ) Is resident more confused than usual? If yes, complete CAMi Is there any ( <i>Urinary frequency / Discomfort on urination / Smelly urine</i> ) Does the resident have a urinary catheter?	Resident appearance? ( <i>Shivering/ Sweating/Both</i> ) Skin? ( <i>Pale /Pink /Cold /Hot /Dry/Moist</i> )