FOR RNS · LPNS · CHARGE NURSES

SBAR: CALLING THE PROVIDER

A script and a decision path for the call. Built to drop into the facility matrix, next to the UTI flow sheet.

When to use it: A resident tests positive for COVID-19, or you strongly suspect it. Assess the resident first. Then make one call, with the SBAR below in hand. Don't call without it.

SAY IT DOWN THE PAGE: S · B · A · R

S — SITUATION

"This is ____ , RN/LPN on ____ unit. I'm calling about ____ , room ____ .
They tested positive for COVID-19 today. This is day ____ of symptoms."

B — BACKGROUND

- Age ____
- High-risk conditions: ____ (lung, heart, kidney, diabetes, dementia, frailty— almost all residents have one)
- Most recent creatinine / eGFR: ____ (within 6 months is fine if stable)
- Review complete medication list: blood thinner ____ , statin ____ , antiarrhythmic ____
- **Can take whole pills: yes / no.**
- **Consent on file: yes / no.**

A — ASSESSMENT

- Vitals: ____
- O2 sat: ____ % on room air
- Mental status: at / below baseline.
- **Not hypoxic, not needing transfer. The resident is in the 5-day treatment window.**

R — RECOMMENDATION

Ask for the decision today: "I'm requesting a Paxlovid eligibility decision today. Can we start treatment now?"

"If we're not treating, can you tell me the reason so I can document it?"

THEN FOLLOW THE DECISION PATH

PROVIDER ORDERS PAXLOVID	Confirm the dose against eGFR (Tool 3). Hold the statin; run the other meds through the DDI list. Give the first dose from the Pyxis now — don't wait for delivery. Document symptom onset, time of order, and first dose.
PROVIDER WANTS TO WAIT	Restate the treatment window: "Day ____ today, earlier is better, and it closes at day 5." Offer the Liverpool DDI checker for any medication interaction concern. If still no decision, escalate.
PROVIDER DECLINES TREATMENT	Ask them to document why — resident or DPOA preference, contraindication, more than 5 days out, or can't take whole pills. Note it in the chart.
NO CALLBACK / AFTER HOURS	On-call provider → backup on-call at 15 min → medical director at 30–60 min. This is appropriate and expected. Pull the first dose from the Pyxis; don't wait for the pharmacy.

If a provider won't order a test or treatment: it is appropriate to push, politely. Say: "I want to document that COVID and treatment were considered. Can you tell me the reason we're not testing or treating, so I can chart it?" Putting the reason on the record usually moves the decision. Escalate if you need to — that is expected, not overstepping.

ONE CALL. ONE SCRIPT. ONE DECISION. WRITE DOWN THE TIME.