

ISBAR ACTIVITY	STUDENT WORKSHEET
<p>INTRODUCTION</p> <p>Your name, position (RN), unit you are working on</p>	<p>Hi, this is Kelsee Quesnelle, RN on the medical floor.</p>
<p>SITUATION</p> <p>Patient's name, age, specific reason for the visit</p>	<p>I am calling about patient Mr. Foo. I am calling because Mr. Foo's potassium was 3.2, hemoglobin 98 and leukocytes 16,000 on most recent lab work.</p>
<p>BACKGROUND</p> <p>Patient's primary diagnosis, date of admission, current orders for patient</p>	<p>Mr. Foo was admitted with Enterobacter cloacae bacteremia, with x1 week history of feeling unwell, chills, increased temperature, and fatigue. He has a recent history of a pancreatic cyst with a stent insertion. He is taking Septra D 1000mg q12h, and dexamethasone 2mg BID.</p>
<p>ASSESSMENT</p> <p>Current pertinent assessment data using head to toe approach, pertinent diagnostics, vital signs</p>	<p>His most recent vitals are BP 122/72, P 70, SpO2 96% ra, RR 16, T 35.9 and have been stable. He just went for a CT scan. He has had no other change in status.</p>
<p>RECOMMENDATION</p> <p>Any orders or recommendations you may have for this patient</p>	<p>I need an order to replace the patients potassium, and to repeat his electrolyte labs.</p> <p>Is there anything else you want me to do?</p>

ISBAR ACTIVITY

STUDENT WORKSHEET

INTRODUCTION

Your name, position (RN), unit you are working on

Hi, this is Kelsee Quesnelle, RN on the medical floor.

SITUATION

Patient's name, age, specific reason for the visit

I am calling about patient Mr. McCloskey. I am calling because this patient's status has changed and his leg redness has now extended beyond the marked area. The wound site is red and warm to touch and is draining serous fluid. His pain has increased to 9/10.

BACKGROUND

Patient's primary diagnosis, date of admission, current orders for patient

Mr. McCloskey was admitted with cellulitis due to a fall causing an injury to his right leg. He is diagnosed with MS and is wheelchair bound. He has ceftriaxone 2g IV q24h, hydromorphone 2-4mg po or IV q4-6h prn but has been refusing this and taking Tylenol ES 500-650mg q4h.

ASSESSMENT

Current pertinent assessment data using head to toe approach, pertinent diagnostics, vital signs

Most recent vital signs are T 37.4, P 89 3+ R, RR 26, BP 115/65, SpO2 92% ra, which is a change from last vitals at 0530. He just received a ultrasound of the right leg. I just administered hydromorphone 2mg po at 1400hr.

RECOMMENDATION

Any orders or recommendations you may have for this patient

Can you please review the ultrasound and come reassess Mr. McCloskey's condition?

Is there anything you want me to do in the meantime?