**SBAR for Suspected Skin/Soft Tissue Infection (SSTI)**

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| **Resident Name** | **DOB** | **Unit/Wing, Room** | **Completed by:** |
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| **S** | ***Situation:***I am reaching out to you regarding the resident above having a suspected SSTI. |
| **B** | ***Background:***PMH (especially existing peripheral vascular disease, diabetes, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Recurrent skin infections?Chronic ulcers/woundsIndwelling Devices?Percutaneous venous accessAdvance directives?  | □ YES □ NO □ YES □ NO If yes, worsening? □ YES □ NO □ YES □ NO If yes: □ Pacemaker □ ICD □ LVAD □ Prosthetic Joint □ Other: \_\_\_\_\_\_\_\_\_\_\_\_□ YES □ NO If yes: □ CVC □ Port □ Dialysis Catheter □ Other: \_\_\_\_\_\_\_\_\_\_\_\_□ YES □ NO If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medication allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **A** | ***Assessment:***Vital Signs: BP: \_\_\_\_\_\_/\_\_\_\_\_\_ mmHg HR: \_\_\_\_\_\_ beats/min RR: \_\_\_\_\_\_ breaths/min Temp: \_\_\_\_\_°F/\_\_\_\_\_°C

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| Criteria to initiate antibiotics are met if **at least 1** following situations are selected:□ New or increasing purulent drainage at a wound, skin, or soft  tissue site□ At least 2 of the following signs and symptoms □ Temp of >100°F (38°C), repeated temps of >99°F (37°C),  or temps >2°F (1.5°C) above baseline □ New or increased redness of the affected site □ New or increased swelling of the affected site □ New or increased warmth of the affected site □ New or increased tenderness of the affected site | Additional description of affected site:Location: □ Left side □ Right side □ Bilateral |
| Body site:□ Upper extremities □ Chest/abdomen □ Buttock □ Lower extremities  | □ Face/head/neck □ Back □ Groin □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Depth: □ Intact skin □ Superficial □ DeepDrainage:□ None □ Serous □ Serosanguinous □ PurulentOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **R** | ***Recommendation(s):***The above resident:□ **Does meet criteria to initiate antimicrobial therapy for a SSTI at this time:** See Physician/Prescriber Response section below□ **Does NOT meet criteria to initiate antimicrobial therapy for a SSTI at this time:** Resident may require more frequent monitoring  and/or physician/prescriber assessment |
| Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Faxed or □ Called to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family/POA Notified (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Physician/Prescriber Response** |
| □ I have reviewed the resident SBAR above |
| **Please obtain the following (check all that apply):** |
| □ BMP | □ BUN/SCr | □ CBC w/ differential | □ Biopsy/pathology review | □ Incision and drainage | □ CultureNote: Superficial skin swab cultures may have limited benefit in treating SSTIs due to the increased presence of superficial skin bacterial/fungal colonization  |
| □ Continue monitoring vital signs and temps; every \_\_\_\_\_\_\_\_\_\_ hours for \_\_\_\_\_\_\_\_\_\_ days□ Encourage continued fluid intake; \_\_\_\_\_\_\_\_\_\_ oz of fluid every \_\_\_\_\_\_\_\_\_\_ hours until symptoms resolve□ Monitor/record fluid intake and output |
| **Please initiate the following selected antibiotic regimen from the corresponding diagnosis:** |
| ***Non-purulent SSTIs (Mild)***□ Penicillin V Potassium 500mg PO QID x 7 days□ Amoxicillin 500mg PO TID x 7 days□ Cephalexin 500mg PO QID x 7 days□ Clindamycin 450mg PO TID x 7 days***Purulent SSTI (Mild)***Incision and drainage only***Purulent SSTI (Moderate)***Incision and drainage **PLUS**□ Doxycycline 100mg PO BID x 7 days□ TMP/SMX 2 DS tabs PO BID x 7 days□ Linezolid 600mg PO BID x 7 days***Diabetic-related Foot Infection (Mild)***Surgical debridement, if appropriate, **PLUS**□ Cephalexin 500mg PO QID x 10 days□ Doxycycline 100mg PO BID x 10 days□ TMP/SMX 2 DS tabs PO BID x 10 days□ Amoxicillin/Clavulanate 875/125mg PO BID x 10 days□ Linezolid 600mg PO BID x 10 days□ Levofloxacin 750mg PO Daily x 10 days | ***Human Bite***□ Amoxicillin/Clavulanate 875/125mg PO BID x 5 days□ Doxycycline 100mg PO BID x 5 days□ Moxifloxacin 400mg PO Daily x 5 days***Thrush (Oropharyngeal candidiasis)***□ Nystatin 500,000 units (5mL) swish and spit PO QID x 10 days□ Clotrimazole troche 10mg dissolved slowly PO 5 times daily x 10 days□ Fluconazole 200mg PO Daily x 7 days***Yeast Infection (Vaginal candidiasis)***□ Fluconazole 150mg PO one-time |
| □ Pharmacist to renally dose adjust antimicrobial(s). Ensure BUN/SCr is ordered. □ Notify me once culture identification and susceptibilities have resulted. Will adjust  antibiotics as needed.□ Notify me if symptoms worsen or do not resolve within \_\_\_\_\_\_\_\_\_\_ hours after  initiating antibiotics□ Resident to be considered for hospital admission due to severity of disease and/or the  need for IV antibiotics□ For fever/pain, initiate:  Drug:\_\_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: \_\_\_\_\_\_ Duration:\_\_\_\_\_\_\_\_\_ □ For wound care, apply \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Consult wound care team for wound management |
| Order(s) provided via: □ Fax □ Phone □ In-person □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Physician/Prescriber Signature:**  | **Date/Time:** |
|  |
| **Please return fax to: (\_\_\_\_)\_\_\_\_--\_\_\_\_\_\_** |
| *Document to be filed under Physician/Prescriber Order or Progress Note* |